

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: 2437 - DC ACA Small Group GHMSI
Project Name/Number: 2437 - DC GHMSI SG ACA ON-EXCHANGE/2437

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.
Product Name: 2437 - DC ACA Small Group GHMSI
State: District of Columbia
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.003A Small Group Only - PPO
Filing Type: Rate
Date Submitted: 05/01/2020
SERFF Tr Num: CFAP-132316213
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: 2437
Implementation: 01/01/2021
Date Requested:
Author(s): Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Britney Tyler, Hassan Zaheer, Nicholas Pham, Gregory Sucher
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

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General Information

Project Name: 2437 - DC GHMSI SG ACA ON-EXCHANGE Status of Filing in Domicile:
 Project Number: 2437 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small
 Group Market Type: Employer Overall Rate Impact: -1.6%
 Filing Status Changed: 05/01/2020
 State Status Changed: Deemer Date:
 Created By: Shane Kontir Submitted By: Shane Kontir
 Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Small Groups on the D.C. Exchange. We are submitting 12 benefit plans on the D.C. Exchange.

Company and Contact

Filing Contact Information

Shane Kontir, Senior Actuarial Analyst shane.kontir@carefirst.com
 10455 Mill Run Circle 410-998-4440 [Phone]
 Owings Mills, MD 21117 410-998-7704 [FAX]

Filing Company Information

Group Hospitalization and Medical Services, Inc.	CoCode: 53007	State of Domicile: District of Columbia
840 First Street NE	Group Code:	Company Type: Hospital, Medical & Dental Service or Indemnity
Washington, DC 20065	Group Name:	State ID Number:
(410) 581-3000 ext. [Phone]	FEIN Number: 53-0078070	

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

CFAP-132316213

State Tracking #:

Company Tracking #:

2437

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 11.400%
 Effective Date of Last Rate Revision: 01/01/2020
 Filing Method of Last Filing: SERFF
 SERFF Tracking Number of Last Filing: CFAP-131941267

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Group Hospitalization and Medical Services, Inc.	Decrease	-1.600%	-1.600%	\$-2,844,182	12,582	\$180,977,294	1.300%	-3.200%

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Rate Review Detail

COMPANY:

Company Name: Group Hospitalization and Medical Services, Inc.
 HHS Issuer Id: 78079

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BluePreferred PPO	78079DC022		21680

Trend Factors:

FORMS:

New Policy Forms: DC/CF/BP PPO BF HSA/SIL 1500 (1/21), DC/CF/BP PPO CDH/2400 80-60 (1/21), DC/CF/BP PPO CDH/SIL 1500 (1/21), DC/CF/BP PPO CDH/SIL 2000 (1/21), DC/CF/BP PPO CDH/SIL 2100 70 (1/21), DC/CF/BP PPO/1000 90-70 (1/21), DC/CF/BP PPO/GOLD 1000 (1/21), DC/CF/BP PPO/GOLD 1500 (1/21), DC/CF/BP PPO/GOLD 500 (1/21), DC/CF/BP PPO/PLAT 0 (1/21), DC/CF/BP PPO/PLAT 500 (1/21), DC/CF/BP PPO/SIL 1500 (1/21), DC/CF/SHOP/PPO/2021 AMEND (1/21)

Affected Forms:

Other Affected Forms: DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PT PROTECT (9/10), DC/CF/SG/AUTH AMEND/PPO (1/20), DC/CF/SG/INCENT (R. 1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/GC (R 1/19), DC/CF/SHOP/PPO/DOCS (R. 1/20), DC/CF/SHOP/PPO/EOC (R. 1/20), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/HEALTH GUARANTEE 8/19

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 263,502
 Benefit Change: Decrease
 Percent Change Requested: Min: -3.2 Max: 1.3 Avg: -1.6

PRIOR RATE:

Total Earned Premium: 180,977,294.00
 Total Incurred Claims: 152,512,186.00
 Annual \$: Min: 494.89 Max: 736.14 Avg: 652.93

REQUESTED RATE:

Projected Earned Premium: 182,861,451.00
 Projected Incurred Claims: 150,688,509.00
 Annual \$: Min: 499.06 Max: 725.36 Avg: 642.88

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2437 - DC GHMSI - SG - Rate Sheets	DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 6/18), DC/CF/MEM/BLCRD (R. 6/18), DC/CF/PT PROTECT (9/10), DC/CF/SG/AUTH AMEND/PPO (1/20), DC/CF/SG/INCENT (R. 1/20), DC/CF/SHOP/ELIG (R. 1/20), DC/CF/SHOP/GC (R 1/19), DC/CF/SHOP/PPO/DOCS (R. 1/20), DC/CF/SHOP/PPO/EOC (R. 1/20), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/HEALTH GUARANTEE 8/19, DC/CF/BP PPO BF HSA/SIL 1500 (1/21), DC/CF/BP PPO CDH/2400 80-60 (1/21), DC/CF/BP PPO CDH/SIL 1500 (1/21), DC/CF/BP PPO CDH/SIL 2000 (1/21), DC/CF/BP PPO CDH/SIL 2100 70 (1/21), DC/CF/BP PPO/1000 90-70 (1/21), DC/CF/BP PPO/GOLD 1000 (1/21), DC/CF/BP PPO/GOLD 1500 (1/21), DC/CF/BP PPO/GOLD 500 (1/21), DC/CF/BP PPO/PLAT 0 (1/21), DC/CF/BP PPO/PLAT 500 (1/21), DC/CF/BP PPO/SIL 1500 (1/21), DC/CF/SHOP/PPO/2021 AMEND (1/21)	Revised	Previous State Filing Number: CFAP-131941267 Percent Rate Change Request:	2437 - DC GHMSI - SG - Rate Sheets.pdf,

CareFirst BlueCross BlueShield (GHMSI)
DC Small Group On Exchange Products Rate Filing Effective 1/1/2021
Premiums Effective 01/2021, 04/2021, 07/2021 and 10/2021

HIOS Plan ID	HIOS Product	HIOS Plan Name	On/Off Exchange	Rx Benefit**	Benefit Description*	Deductible	OOP Max	Individual Base Rate				Incremental Base Rate % Change		
								01/2021	04/2021	07/2021	10/2021	04/2021	07/2021	10/2021
78079DC0220020	BluePreferred PPO	BluePreferred PPO Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$5,750; OON: \$11,500	\$588.51	\$596.65	\$604.92	\$613.32	1.4%	1.4%	1.4%
78079DC0220021	BluePreferred PPO	BluePreferred PPO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$7,900; OON: \$15,800	\$603.44	\$611.78	\$620.26	\$628.88	1.4%	1.4%	1.4%
78079DC0220022	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 1500	On	Int: \$15/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,900; OON: \$9,000	\$511.63	\$518.71	\$525.90	\$533.21	1.4%	1.4%	1.4%
78079DC0220023	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$5,750; OON: \$11,500	\$506.44	\$513.44	\$520.55	\$527.79	1.4%	1.4%	1.4%
78079DC0220024	BluePreferred PPO	BluePreferred PPO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,600; OON: \$3,200	\$715.47	\$725.36	\$735.41	\$745.63	1.4%	1.4%	1.4%
78079DC0220025	BluePreferred PPO	BluePreferred PPO Platinum 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$500 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$687.48	\$696.98	\$706.64	\$716.46	1.4%	1.4%	1.4%
78079DC0220026	BluePreferred PPO	BluePreferred PPO Silver 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$40 PCP/\$100 Spec/\$400 ER/\$500 IP; OON: \$120 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$250 Rx; OON: \$3,000	IN: \$8,150; OON: \$16,300	\$493.40	\$500.22	\$507.16	\$514.20	1.4%	1.4%	1.4%
78079DC0220031	BluePreferred PPO	BluePreferred PPO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,500 Med / \$250 Rx; OON: \$3,000	IN: \$5,100; OON: \$10,200	\$578.16	\$586.15	\$594.27	\$602.53	1.4%	1.4%	1.4%
78079DC0220032	BluePreferred PPO	BluePreferred PPO 1000 90%/70%	On	Int: \$15/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 10%; OON: 30%	IN: \$1,000 (Integrated); OON: \$2,000	IN: \$7,350; OON: \$14,700	\$582.68	\$590.73	\$598.92	\$607.24	1.4%	1.4%	1.4%
78079DC0220033	BluePreferred PPO	BluePreferred PPO HSA/HRA 2400 80%/60%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 20%; OON: 40%	IN: \$2,400 (Integrated); OON: \$4,800	IN: \$6,900; OON: \$13,800	\$492.26	\$499.06	\$505.98	\$513.02	1.4%	1.4%	1.4%
78079DC0220034	BluePreferred PPO	BluePreferred PPO Silver 1500 BlueFund HSA	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$6,700; OON: \$9,000	\$508.23	\$515.25	\$522.40	\$529.66	1.4%	1.4%	1.4%
78079DC0220035	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2100 70	On	Int: \$10/\$45/\$65/\$100/\$150	IN: 30%; OON: 50%	IN: \$2100 (Integrated); OON: \$4,200	IN: \$6,900; OON: \$13,500	\$495.48	\$502.32	\$509.29	\$516.37	1.4%	1.4%	1.4%

* Out-of-Network ER is paid as In-Network.

** Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty.

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Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	Please see actuarial certification in Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2437 - 2021 DC GHMSI Small Group AV Screenshots.pdf 2437_SmallGroup_DC_GHMSI_ActuarialMemorandum.pdf 2437 - GHMSI SG - DISB rate filing checklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2437 - DC SG 2021 - GHMSI - Index & Plan Comparison.pdf 2437_SmallGroup_DC_GHMSI_ActuarialMemorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2437 - 2021 ACA_Cover Letter_SG_DC_GHMSI.pdf

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Item Status:	
Status Date:	
Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	2437 - DC GHMSI SG (2021) - Dataset.xlsm 2434-2437 - DC GHMSI Trend Analysis.xlsx
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	2437 DC GHMSI SG URRT SERFF.pdf 2437 DC GHMSI SG URRT SERFF.xlsm
Item Status:	
Status Date:	
Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	2437 - DC SG - GHMSI - PartII Rate Justification.pdf
Item Status:	
Status Date:	
Satisfied - Item:	RateE File
Comments:	Will upload when 2019 year end data is available.
Attachment(s):	

SERFF Tracking #:

CFAP-132316213

State Tracking #:

Company Tracking #:

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Attachment 2437 - DC GHMSI SG (2021) - Dataset.xlsm is not a PDF document and cannot be reproduced here.

Attachment 2434-2437 - DC GHMSI Trend Analysis.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2437 DC GHMSI SG URRT SERFF.xlsm is not a PDF document and cannot be reproduced here.

**Group Hospitalization & Medical Services, Inc. (GHMSI)
(NAIC # 53007)**

**Rate Filing # 2437
DC Small Group On/Off Exchange Products
Rate Filing Effective 1/1/2021**

Actuarial Value Calculations

**CareFirst BlueCross BlueShield (GHMSI)
DC Small Group**

Table of Contents

1	Cover
2	Table of Contents
3	List of DC SG GHMSI Plans & Actuarial Values
4	Form Numbers

AV Screenshots

5	Platinum - \$0/\$0 Ded, \$1600 OOP, \$10/\$20 - Hospital
6	Platinum - \$0/\$0 Ded, \$1600 OOP, \$10/\$20 - Freestanding
7	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital
8	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
9	Gold - \$500/\$250 Ded, \$7900 OOP, \$15/\$30 - Hospital
10	Gold - \$500/\$250 Ded, \$7900 OOP, \$15/\$30 - Freestanding
11	Gold - \$1000/\$250 Ded, \$5750 OOP, \$15/\$30 - Hospital
12	Gold - \$1000/\$250 Ded, \$5750 OOP, \$15/\$30 - Freestanding
13	Gold - \$1500/\$250 Ded, \$5100 OOP, \$15/\$30 - Hospital
14	Gold - \$1500/\$250 Ded, \$5100 OOP, \$15/\$30 - Freestanding
15	Silver - \$1500/\$250 Ded, \$8150 OOP, \$40/\$100 - Hospital
16	Silver - \$1500/\$250 Ded, \$8150 OOP, \$40/\$100 - Freestanding
17	Silver - \$1500 Ded, \$6900 OOP, \$25/\$50 - Hospital
18	Silver - \$1500 Ded, \$6900 OOP, \$25/\$50 - Freestanding
19	Silver - \$2000 Ded, \$5750 OOP, \$25/\$50 - Hospital
20	Silver - \$2000 Ded, \$5750 OOP, \$25/\$50 - Freestanding
21	Silver - BluePreferred PPO HSA/HRA Silver 2100 70
22	Silver - BlueFund HSA \$1500 Ded, \$6700 OOP, \$25/\$50 - Hospital
23	Silver - BlueFund HSA \$1500 Ded, \$6700 OOP, \$25/\$50 - Freestanding
24	SHOP - BluePreferred PPO HSA/HRA 2400 80%/60%
25	SHOP - BluePreferred PPO 1000 90%/70%

**CareFirst BlueCross BlueShield (GHMSI)
DC Small Group**

<u>Plan Name*</u>	<u>Metal Level</u>	<u>Actuarial Value</u>	<u>Page #'s of AV Screenshot**</u>	<u>Unique Plan</u>
BluePreferred PPO 1000 90%/70%	Gold	81.98%	25	No
BluePreferred PPO HSA/HRA 2400 80%/60%	Silver	71.85%	24	No
BluePreferred PPO Silver 1500 BlueFund HSA	Silver	71.92%	22, 23	Yes
BluePreferred PPO Platinum 0	Platinum	91.93%	5, 6	Yes
BluePreferred PPO Platinum 500	Platinum	90.68%	7, 8	Yes
BluePreferred PPO Gold 500	Gold	81.97%	9, 10	Yes
BluePreferred PPO Silver 1500	Silver	71.65%	15, 16	Yes
BluePreferred PPO Gold 1000	Gold	81.99%	11, 12	Yes
BluePreferred PPO Gold 1500	Gold	81.91%	13, 14	Yes
BluePreferred PPO HSA/HRA Silver 1500	Silver	71.76%	17, 18	Yes
BluePreferred PPO HSA/HRA Silver 2000	Silver	71.93%	19, 20	Yes
BluePreferred PPO HSA/HRA Silver 2100 70	Silver	71.91%	21	No

*Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.

**For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

**CareFirst BlueCross BlueShield (GHMSI)
DC Small Group**

<u>Plan Name*</u>	<u>HIOS Plan ID</u>	<u>SOB Document Name</u>	<u>Page #'s of AV Screenshot**</u>
BluePreferred PPO 1000 90%/70%	78079DC0220032	DC/CF/BP PPO/1000 90-70 (1/21)	25
BluePreferred PPO HSA/HRA 2400 80%/60%	78079DC0220033	DC/CF/BP PPO CDH/2400 80-60 (1/21)	24
BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	DC/CF/BP PPO BF HSA/SIL 1500 (1/21)	22, 23
BluePreferred PPO Platinum 0	78079DC0220024	DC/CF/BP PPO/PLAT 0 (1/21)	5, 6
BluePreferred PPO Platinum 500	78079DC0220025	DC/CF/BP PPO/PLAT 500 (1/21)	7, 8
BluePreferred PPO Gold 500	78079DC0220021	DC/CF/BP PPO/GOLD 500 (1/21)	9, 10
BluePreferred PPO Silver 1500	78079DC0220026	DC/CF/BP PPO/SIL 1500 (1/21)	15, 16
BluePreferred PPO Gold 1000	78079DC0220020	DC/CF/BP PPO/GOLD 1000 (1/21)	11, 12
BluePreferred PPO Gold 1500	78079DC0220031	DC/CF/BP PPO/GOLD 1500 (1/21)	13, 14
BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	DC/CF/BP PPO CDH/SIL 1500 (1/21)	17, 18
BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	DC/CF/BP PPO CDH/SIL 2000 (1/21)	19, 20
BluePreferred PPO HSA/HRA Silver 2100 70	78079DC0220035	DC/CF/BP PPO CDH/SIL 2100 70 (1/21)	21

*Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.

**For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

AV Calculator - BluePreferred PPO Platinum 0

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$1,600.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$63.90	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 91.87%
 Metal Tier: Platinum

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1055 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 150	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 63.90	

	Coins Max	Weighting
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	91.87%
Freestanding	16%	92.26%
		91.93%

AV Calculator - BluePreferred PPO Platinum 0

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00				
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$1,600.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 50.00	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value:

92.26%

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1016 seconds

Final 2021 AV Calculator

AV Calculator - PPO Platinum 500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$1,500.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$63.90	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 150	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 63.90	

	Coins Max	Weighting
Specialty Drugs		
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	90.36%
Freestanding	16%	92.33%
		90.68%

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 90.36%
 Metal Tier: Platinum

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0703 seconds
Final 2021 AV Calculator

AV Calculator - PPO Platinum 500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$1,500.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 50	100%
OP Facility Non-Surgery	\$ 50.00	0%
Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.

Actuarial Value:

92.33%

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0742 seconds

Final 2021 AV Calculator

AV Calculator - BluePreferred PPO Gold 500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$7,900.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Copays	Weighting
OP Facility Surgery \$ 300	14%
OP Facility Non-Surgery \$ 50	86%
\$ 84.75	

Specialty Drugs	Coins Max	Weighting
Tier 4 \$ 100		78%
Tier 5 \$ 150		22%
\$ 110.85		

Blending of Site-of-Service AVs

Hospital	84%	81.96%
Freestanding	16%	82.02%
		81.97%

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.96%
 Metal Tier: Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.1172 seconds

Final 2021 AV Calculator

AV Calculator - BluePreferred PPO Gold 500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$250.00				
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$7,900.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 200.00	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Output

Calculate

Status/Error Messages:

Error: Result is outside of [-4, +2] percent de minimis variation.
 82.02%

Actuarial Value:

Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0859 seconds

Final 2021 AV Calculator

AV Calculator - BluePreferred PPO Gold 1000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$5,750.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.76%

Metal Tier:

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.082 seconds

Final 2021 AV Calculator

	Copays	Weighting
OP Facility Surgery	\$ 300	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 84.75	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	81.76%
Freestanding	16%	83.20%
		81.99%

AV Calculator - BluePreferred PPO Gold 1000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00				
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$5,750.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 200.00	

	Coins Max	Weighting
Specialty Drugs Tier 4	\$ 100	78%
Specialty Drugs Tier 5	\$ 150	22%
	\$ 110.85	

Output

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
 Actuarial Value: 83.20%
 Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1094 seconds

Final 2021 AV Calculator

AV Calculator - BluePreferred PPO Gold 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,100.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$84.75	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_jj

	Copays	Weighting
OP Facility Surgery	\$ 300	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 84.75	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs

Site-of-Service	Weighting	AV
Hospital	84%	81.56%
Freestanding	16%	83.72%
		81.91%

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.56%
 Metal Tier: Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.082 seconds
Final 2021 AV Calculator

AV Calculator - BluePreferred PPO Gold 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00				
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$5,100.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 200	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 200.00	

	Coins Max	Weighting
Specialty Drugs Tier 4	\$ 100	78%
Specialty Drugs Tier 5	\$ 150	22%
	\$ 110.85	

Output

Status/Error Messages:
 Actuarial Value: 83.72%
 Metal Tier:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.0938 seconds

Final 2021 AV Calculator

AV Calculator - BluePreferred PPO Silver 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00				
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%				
MOOP (\$)	\$8,150.00					
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$112.56	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 500	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 112.56	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Blending of Site-of-Service AVs

Hospital	84%	71.61%
Freestanding	16%	71.87%
		71.65%

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.61%
 Metal Tier: Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.1055 seconds

Final 2021 AV Calculator

AV Calculator - BluePreferred PPO Silver 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$250.00
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$8,150.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ 300	0%
Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 111	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.87%
 Metal Tier: Silver
 Additional Notes: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0703 seconds
 Final 2021 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 1500

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		100.00%
		\$6,900.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$112.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 500	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 112.56	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs		
Hospital	84%	71.69%
Freestanding	16%	72.15%
		71.76%

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.69%

Metal Tier:

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1211 seconds

Final 2021 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 1500

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,500.00			
Coinsurance (%; Insurer's Cost Share)			100.00%			
MOOP (\$)			\$6,900.00			
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: \$110.85

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 300.00	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Output

Status/Error Messages: Error: Result is outside of [-4, +2] percent de minimis variation.
 Actuarial Value: 72.15%
 Metal Tier:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0898 seconds

Final 2021 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 2000

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,750.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$98.65	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	# Days (1-10): 3
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_jj

	Copays	Weighting
OP Facility Surgery	\$ 400	14%
OP Facility Non-Surgery	\$ 50	86%
	\$ 98.65	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Blending of Site-of-Service AVs

Hospital	84%	71.92%
Freestanding	16%	72.00%
		71.93%

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.92%

Metal Tier:

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1016 seconds

Final 2021 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 2000

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$5,750.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% , Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	# Days (1-10): 3
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 300.00	

	Coins Max	Weighting
Specialty Drugs	\$ 100	78%
Tier 4	\$ 150	22%
Tier 5	\$ 110.85	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

72.00%

Metal Tier:

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.0898 seconds

Final 2021 AV Calculator

AV Calculator - BluePreferred PPO HSA/HRA Silver 2100 70

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,100.00
Coinsurance (% Insurer's Cost Share)		70.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$110.85	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10): <input type="text"/>

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

71.91%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

0.1016 seconds

AV Calculator - BluePreferred PPO Silver 1500 BlueFund HSA

Inputs for Hospital Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			\$1,500.00
Coinsurance (% Insurer's Cost Share)			100.00%
MOOP (\$)			\$6,700.00
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$112.56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.84%

Metal Tier: Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1016 seconds

Final 2021 AV Calculator

Copays	Weighting
\$ 500	14%
\$ 50	86%
\$ 112.56	

Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Blending of Site-of-Service AVs		
Hospital	84%	71.84%
Freestanding	16%	72.36%
		71.92%

AV Calculator - BluePreferred PPO Silver 1500 BlueFund HSA

Inputs for Freestanding Site-of-Service

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$6,700.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

	Copays	Weighting
OP Facility Surgery	\$ 300	100%
OP Facility Non-Surgery	\$ -	0%
	\$ 300.00	
Specialty Drugs	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Error: Result is outside of [-4, +2] percent de minimis variation.

72.36%

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0664 seconds

AV Calculator - BluePreferred PPO HSA/HRA 2400 80%/60% (SHOP)

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,400.00
Coinsurance (% Insurer's Cost Share)		80.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]
 2021_1j

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2021 AV Calculator

Calculation Successful.

71.85%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

0.0938 seconds

AV Calculator - BluePreferred PPO 1000 90%/70% (SHOP)

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$1,000.00			
Coinsurance (% Insurer's Cost Share)			90.00%			
MOOP (\$)			\$7,350.00			
MOOP if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$110.85
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID] 2021_1j

	Copays	Weighting
OP Facility Surgery		20%
OP Facility Non-Surgery		80%
	\$ -	
	Coins Max	Weighting
Tier 4	\$ 100	78%
Tier 5	\$ 150	22%
	\$ 110.85	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.98%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the deductible range.

Calculation Time:

0.0938 seconds

Final 2021 AV Calculator

CareFirst BlueCross BlueShield

Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Small Groups (On Exchange)
- **Effective Date:** 1/1/21 and quarterly incremental "trend" increases effective 4/1/21, 7/1/21 and 10/1/21.
- **Company Filing Number:** 2437
- **SERFF Filing Number:** CFAP-132316213

Company Contact Information:

- **Primary Contact Name:** Mr. Gregory Sucher, FSA, MAAA
- **Primary Contact Telephone Number:** 410-998-5988
- **Primary Contact E-Mail Address:** Gregory.Sucher@CareFirst.com

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing -1.6% on average for 1Q21. The range is -3.2% to 1.3%. The estimated average base rate changes for 2Q21, 3Q21, and 4Q21 are -1.8%, -2.0% and -2.2%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,582.

Reason for Rate Change(s):

The main drivers supporting the rate change are the increase in the base period experience of the combined pool, elimination of the Health Insurer Fee in 2021, an increase in the contribution to reserve, and an increase in the risk adjustment receivable.

For our initial submission, we have not adjusted 2021 rates to reflect potential impacts of the COVID-19 pandemic. As of today, we are still in the early stages of this event and it is unclear how the emerging experience will impact rates either positively or negatively. We intend to update assumptions as appropriate as experience emerges during the review process. Possible considerations that could move rates either way include, but are not limited to:

- Impacts on 2021 trend due to deferred care
- Impacts on trend or future deferred care due to potential COVID resurgence in the fall of 2020
- Positive or negative impacts on the risk pool due to economic impact on groups and individual members
- Positive or negative impacts on the single risk pool due to special enrollment periods
- Changes to practice patterns such as a permanent increase in the utilization of telemedicine
- Impact on morbidity or mortality due to postponement of chronic care management
- Segment shifts from Group to Individual to Medicaid

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/19 through 12/31/19, as required.

Paid Through Date: 2/29/20

Current Date: 2/29/20

Premiums (prior to MLR rebates) in Experience Period: \$223,166,124

Experience Period Member Months: 367,899

Current Date Members: 29,562

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$234,000,611
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,307,201

Incurred Claims

- **Processed through issuer's claim system:** \$208,802,492
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,055,102

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 6.5%, which is a decrease compared to the 7.5% trend assumed in our prior filing. Current observed medical trends as of 201912 are 4.6%, down from 10.4% in 201812. The current observed drug trends are 6.0% as of 201912, down from 9.1% in 201812.

We note that the current drug observed trend as of 201912 is slightly depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201912 is 7.5%. The adjusted aggregate medical and drug trend is 5.5%.

When normalized for induced demand, network, and demographics, the composite 5.5% observed trend decreases to 4.9% compared to 10.2% in 201812.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2021 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2020) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2021) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2019 to 2021 is expected to be 0.0%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2022 for our first quarter 2021 Index Rate Projection since business may be sold with this rate through 3/31/2021 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$635.33 and the projection period index rate is \$720.81. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$646.63 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on CMS actual results.

Our projected 2021 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2019 to 2021, we have assumed an increase in the statewide premium of 9.5% which reflects an estimate of an average 8.4% increase in 2020 and 1.0% increase in 2021. We have assumed that our market share will increase from 79.0% in 2020 to 79.5% in 2021. We have assumed that our PLRS ratio to the state will improve from 1.020 in 2019 to 1.015 in 2021. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will increase from \$50.49 in 2019 to \$66.68 in 2021.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The URRT instructions state that this adjustment may "...take into account the benefit differences and *utilization differences due to differences in cost-sharing.*" As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 1. Administrative Expense (G&A)
 2. Broker Commissions & Fees
 3. Federal Income Tax (FIT)
 4. Contribution to Reserve (Post-Tax)
 5. State Premium Tax
 6. Health Insurer Fee (HIF) – Removed for 2021 & 2022
 7. PCORI Fee
 8. Risk Adjustment User Fee
 9. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found in Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to

take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.2% for the Small Group market and 85.4% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2021 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 84% of the designated services are rendered in higher cost-share setting and the remaining 16% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the “Actuarial Memorandum” section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/29/20 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

4.6.3 Terminated Plans and Products

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

4.6.4 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

**Group Hospitalization & Medical Services Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)**

**Rate Filing # 2437
D.C. Small Group Products
Rate Filing Effective 1/1/2021**

Actuarial Memorandum

Group Hospitalization & Medical Services Inc.

(NAIC # 53007)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)

D.C. Small Group Products

Rate Filing Effective 1/1/2021

Actuarial Certification

I, Gregory Sucher, am a(n) Actuary with CareFirst GHMSI doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient

2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).

3. Consistent with 45 CFR § 156.135, the 2021 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Gregory Sucher
Digitally signed by Gregory Sucher
Date: 2020.05.01 11:29:44 -04'00'

Gregory Sucher, FSA, MAAA
Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

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Exhibit 1 - Market Adjusted Index Rate Summary

		2021	Exhibit
(1)	Base Period Total Allowed	\$ 636.05	2
(2)	Base Period Non-EHB PMPM	\$ 0.71	2
(3)	Experience Period Index Rate	\$ 635.33	
(4)	Change in Morbidity	1.0003	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9986	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9951	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0062	7
(11)	Annualized Trend	6.5%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1343	
(14)	Projection Period Index Rate	\$ 720.81	
(15)	Risk Adjustment Program	0.8971	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 646.63	
	Without Risk Adjustment	\$ 720.81	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 36,340,181		\$ 98.78	Admits	73.42	\$ 16,144.81
Outpatient Hospital	\$ 49,615,859		\$ 134.86	Visits	1,279.99	\$ 1,264.35
Professional	\$ 73,249,625		\$ 199.10	Visits	14,504.34	\$ 164.73
Other Medical	\$ 14,150,010		\$ 38.46	Services	1,475.67	\$ 312.77
Capitation	\$ 470,590		\$ 1.28	Benefit Period	1,000	\$ 15.35
Prescription Drug	\$ 60,174,345		\$ 163.56	Prescriptions	9,848.61	\$ 199.29
Total (EHB & Non-EHB)	\$ 234,000,611		\$ 636.05			
EHB Allowed	\$ 233,737,886		\$ 635.33			
Non-EHB Allowed	\$ 262,724		\$ 0.71			
Incurred Net	\$ 208,802,492		\$ 567.55			
Net/Allowed			89.23%			
Experience Period Member Months			367,899			
Experience Period Revenue	\$ 223,166,124					

Exhibit 3 - Non-EHB Adjustment

		2021 On-Exchange	2021 Off-Exchange	
(1)	Blended Index Rate	\$ 734.76	\$ 734.76	
(2)	Non-EHB PMPM	\$ 0.19	\$ 0.19	
(3)	Total	\$ 734.95	\$ 734.95	
(4)	Plan Level Adjustment	1.0003	1.0003	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2019 Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,889	\$ 192.84
Silver	55,425	\$ 308.30
Gold	121,668	\$ 351.78
Platinum	171,894	\$ 380.65
Subtotal	367,876	\$ 350.56

Current Year YTD

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,562	\$ 212.97	1.000	\$ 212.97
Silver	7,415	\$ 315.50	1.000	\$ 315.50
Gold	16,836	\$ 354.13	1.000	\$ 354.13
Platinum	23,898	\$ 383.61	1.000	\$ 383.61
Subtotal	50,711	\$ 355.24	1.000	\$ 355.24

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	276	\$ 212.97	1.000	\$ 212.97
Silver	1,192	\$ 315.50	1.000	\$ 315.50
Gold	2,293	\$ 354.13	1.000	\$ 354.13
Platinum	3,168	\$ 383.61	1.000	\$ 383.61
Subtotal	6,929	\$ 355.34	1.000	\$ 355.34

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	72	\$ 195.92	1.000	\$ 195.92
Silver	424	\$ 174.17	1.000	\$ 174.17
Gold	612	\$ 346.81	1.000	\$ 346.81
Platinum	528	\$ 360.70	1.000	\$ 360.70
Subtotal	1,636	\$ 299.91	1.000	\$ 299.91

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	2,910	\$ 212.54	1.000	\$ 212.54
Silver	9,031	\$ 308.87	1.000	\$ 308.87
Gold	19,741	\$ 353.90	1.000	\$ 353.90
Platinum	27,594	\$ 383.17	1.000	\$ 383.17
Subtotal	59,276	\$ 353.72	1.000	\$ 353.72

Remainder of Current Year

Existing				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	10,871	\$ 212.97	-	\$ 212.97
Silver	34,833	\$ 315.50	-	\$ 315.50
Gold	81,643	\$ 354.13	-	\$ 354.13
Platinum	117,033	\$ 383.61	-	\$ 383.61
Subtotal	244,380	\$ 356.46		

New				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	2,380	\$ 212.97	-	\$ 212.97
Silver	7,226	\$ 315.50	-	\$ 315.50
Gold	12,648	\$ 354.13	-	\$ 354.13
Platinum	15,337	\$ 383.61	-	\$ 383.61
Subtotal	37,591	\$ 349.79		

Transfer				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	475	\$ 195.92	-	\$ 195.92
Silver	2,324	\$ 174.17	-	\$ 174.17
Gold	3,567	\$ 346.81	-	\$ 346.81
Platinum	2,874	\$ 360.70	-	\$ 360.70
Subtotal	9,240	\$ 299.95		

Total				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	13,726	\$ 212.38	-	\$ 212.38
Silver	44,383	\$ 308.10	-	\$ 308.10
Gold	97,858	\$ 353.86	-	\$ 353.86
Platinum	135,244	\$ 383.12	-	\$ 383.12
Subtotal	291,211	\$ 353.81		

Total Current Year

Total	Member Months	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	16,636	\$ 212.41
Silver	53,414	\$ 308.23
Gold	117,599	\$ 353.87
Platinum	162,838	\$ 383.13
Subtotal	350,487	\$ 353.79

Rating Year

Existing				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	12,918	\$ 212.41	1.000	\$ 212.41
Silver	44,961	\$ 308.23	1.000	\$ 308.23
Gold	101,657	\$ 353.87	1.000	\$ 353.87
Platinum	135,954	\$ 383.13	1.000	\$ 383.13
Subtotal	295,490	\$ 354.20	1.000	\$ 354.20

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,739	\$ 212.41	1.000	\$ 212.41
Silver	8,537	\$ 308.23	1.000	\$ 308.23
Gold	14,830	\$ 353.87	1.000	\$ 353.87
Platinum	19,884	\$ 383.13	1.000	\$ 383.13
Subtotal	45,990	\$ 349.62	1.000	\$ 349.62

Transfer				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	1,105	\$ 195.92	1.000	\$ 195.92
Silver	4,861	\$ 174.17	1.000	\$ 174.17
Gold	6,816	\$ 346.81	1.000	\$ 346.81
Platinum	5,524	\$ 360.70	1.000	\$ 360.70
Subtotal	18,306	\$ 296.05	1.000	\$ 296.05

Total				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	16,762	\$ 211.32	1.000	\$ 211.32
Silver	58,359	\$ 297.07	1.000	\$ 297.07
Gold	123,303	\$ 353.48	1.000	\$ 353.48
Platinum	161,362	\$ 382.36	1.000	\$ 382.36
Subtotal	359,786	\$ 350.66	1.000	\$ 350.66

Year	Adjusted Normalized PMPM	Year over Year Change
2019	\$ 350.56	n/a
2020	\$ 353.79	0.9%
2021	\$ 350.66	-0.9%

Morbidity Adjustment Change	0.0%
Morbidity Adjustment Factor	1.0003

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2019	85.36%	1.1175	
(2) Projected 2021	85.14%	1.1160	
(3) Adjustment*		0.9986	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7209	100.0%	35.1
(2)	Rating Period	Existing	1.7626	82.1%	
		New	1.4514	12.8%	
		Transfer	1.5599	5.1%	
(3)	Rating Period	All	1.7125	100.0%	34.9
(4)	Demographic Adjustment***	All	0.9951		

(3) / (1)

***Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

****Average ages are member weighted**

*****Applied to all service categories except capitations**

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1) Experience Period Capitations PMPM (EHBs only)	\$	0.73	
(2) Projection Period Capitations PMPM	\$	0.76	
(3) Adjustment to Capitation Category		1.0438	(2)/(1)
Drug Rebates adjustment			
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	193.22	
(5) Morbidity		1.0003	Exhibit 4
(6) Induced Demand		0.9986	Exhibit 5
(7) Demographics		0.9951	Exhibit 6
(8) Rx Trend (Force of Trend)		1.1563	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	222.10	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$	29.66	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	192.44	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$	29.66	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$	163.56	(4)-(12)
(14) Morbidity		1.0003	Exhibit 4
(15) Induced Demand		0.9986	Exhibit 5
(16) Demographics		0.9951	Exhibit 6
(17) Rx Trend (Force of Trend)		1.1563	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	188.01	(13)*(14)*(15)*(16)*(17)
(19) Adjustment to Drug Category		1.0236	(11)/(18)
Formulary Adjustments			
(20) Experience Period Allowed Rx PMPM (Pre-Rebates, existing formulary)	\$	193.22	
(21) Ingredient cost Adjustment Factor		1.0000	
(22) Experience Period Allowed Rx PMPM (Pre-Rebates, new formulary)	\$	193.22	(20)*(21)
(23) Projection Period Rx Rebates PMPM	\$	29.66	
(24) Adjustment to Drug Category		1.0000	[(22) - (23)]/[(20) - (23)]

	PMPM	Adjustment
Inpatient Hospital	\$ 109.33	1.0000
Outpatient Hospital	\$ 152.02	1.0000
Professional	\$ 224.87	1.0000
Other Medical	\$ 41.38	1.0000
Capitation	\$ 0.73	1.0438 (3)
Prescription Drug	\$ 188.01	1.0236 (19)*(24)
Total	\$ 716.34	1.0062

PMPM weights are set equal to projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2019 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 98.78	15.5%	1.0050	1.0500	1.0552
Outpatient Hospital	\$ 134.86	21.2%	1.0050	1.0600	1.0653
Professional	\$ 199.10	31.3%	1.0251	1.0400	1.0661
Other Medical	\$ 38.46	6.0%	1.0251	1.0150	1.0405
Capitation	\$ 1.28	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$ 163.56	25.7%	1.0050	1.0700	1.0753
Total	\$ 636.05	100.0%			1.0649
Proposed Trend					1.0650

Exhibit 9 - Risk Adjustment

2019

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	28,072	10.4%	1.2067	1.1144	\$602,546	\$21.46
Gold	94,485	35.1%	1.3407	1.0298	\$4,406,581	\$46.64
Platinum	146,763	54.5%	1.5566	1.0610	\$8,588,193	\$58.52
Total	269,319	100.0%	1.4444	1.0556	\$13,597,319	\$50.49

Statewide 2019

Statewide PMPM 2019

Small Group	953,800		1.2400	1.0360	\$	438.02
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2021

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	32,099	12.2%	1.1931	1.0926	\$1,339,421	\$41.73
Gold	95,027	36.1%	1.3306	1.0168	\$6,728,152	\$70.80
Platinum	136,376	51.8%	1.5065	1.0526	\$9,502,570	\$69.68
Total	263,502	100.0%	1.4049	1.0446	\$17,570,143	\$66.68

Statewide 2021

Statewide PMPM 2021

Small Group	953,415		1.1891	1.0321	\$	479.56
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Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$734.76	\$75.80	\$ 0.19	0.8971

*Adjustment Factor = $(\$734.76 - \$75.80 + \$0.19) / \734.76

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2021		2Q 2021		3Q 2021		4Q 2021	
	PMPM	% of Revenue						
Allowed Claims	\$ 727.95		\$ 739.53		\$ 751.29		\$ 763.25	
Paid/Allowed Ratio	87.11%		87.11%		87.11%		87.11%	
Paid Claims & Capitations	\$ 634.08		\$ 644.17		\$ 654.42		\$ 664.84	
Risk Adjustment Transfer (Paid Basis)	\$ 66.68		\$ 66.68		\$ 66.68		\$ 66.68	
Paid Claims & Capitations (Post-3Rs)	\$ 567.40	82.1%	\$ 577.49	82.3%	\$ 587.74	82.5%	\$ 598.16	82.6%
Administrative Expense	\$ 51.27	7.4%	\$ 51.27	7.3%	\$ 51.27	7.2%	\$ 51.27	7.1%
Broker Commissions & Fee	\$ 23.80	3.4%	\$ 23.80	3.4%	\$ 23.80	3.3%	\$ 23.80	3.3%
Contribution to Reserve (Post-Tax)	\$ 23.49	3.4%	\$ 23.86	3.4%	\$ 24.23	3.4%	\$ 24.61	3.4%
Investment Income Credit	\$ (0.69)	-0.1%	\$ (0.70)	-0.1%	\$ (0.71)	-0.1%	\$ (0.72)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 13.82	2.0%	\$ 14.03	2.0%	\$ 14.25	2.0%	\$ 14.48	2.0%
State Assessment Fee	\$ 0.69	0.1%	\$ 0.70	0.1%	\$ 0.71	0.1%	\$ 0.72	0.1%
Reinsurance Program Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 4.15	0.6%	\$ 4.21	0.6%	\$ 4.28	0.6%	\$ 4.34	0.6%
<u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.19	0.0%	\$ 0.19	0.0%	\$ 0.19	0.0%	\$ 0.19	0.0%
Exchange Assessment Fee	\$ 6.22	0.9%	\$ 6.32	0.9%	\$ 6.41	0.9%	\$ 6.52	0.9%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$ 0.20	0.0%	\$ 0.20	0.0%	\$ 0.20	0.0%	\$ 0.20	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.1%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%
Total Revenue	\$ 690.88	100.0%	\$ 701.72	100.0%	\$ 712.73	100.0%	\$ 723.91	100.0%
Plan Level Admin Load Adjustment	1.2172		1.2147		1.2123		1.2099	
Projected Member Months	81,740		37,253		38,902		105,607	
Average Members	6,812		3,104		3,242		8,801	
% Total 2021	31.0%		14.1%		14.8%		40.1%	

Exhibit 10B - Federal MLR

	Total 2021 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 584.16
Total Revenue	\$ 708.88
Traditional MLR (i.e. DICR)	82.4%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 4.13
Removal of non-care costs under MLR guidelines	\$ (6.77)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 19.14
ACA Taxes & Fees	\$ 6.77
Federal MLR Numerator	\$ 581.86
Federal MLR Denominator	\$ 682.97
Federal MLR	85.2%
Projected Member Months	263,502

Exhibit 10B - Federal MLR (Combined SG & Individual)

	Total 2021 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	556.88
Total Revenue \$	674.73
Traditional MLR (i.e. DICR)	82.5%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.25
Quality Improvement Expenses \$	4.01
Removal of non-care costs under MLR guidelines \$	(5.30)
Denominator Adjustments	
Non-ACA Taxes & Fees \$	17.75
ACA Taxes & Fees \$	6.47
Federal MLR Numerator \$	555.85
Federal MLR Denominator \$	650.51
Federal MLR	85.4%
Projected Member Months	359,786

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Capped Dependents	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$646.63	0.8217	1.0000	0.9820	1.0003	1.0000	1.2172	\$635.28
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$646.63	0.8425	1.0000	0.9820	1.0003	1.0000	1.2172	\$651.39
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7487	1.0000	0.9370	1.0003	1.0000	1.2172	\$552.29
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7411	1.0000	0.9370	1.0003	1.0000	1.2172	\$546.68
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$646.63	0.9378	1.0000	1.0460	1.0003	1.0000	1.2172	\$772.32
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$646.63	0.9011	1.0000	1.0460	1.0003	1.0000	1.2172	\$742.11
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7220	1.0000	0.9370	1.0003	1.0000	1.2172	\$532.61
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$646.63	0.8072	1.0000	0.9820	1.0003	1.0000	1.2172	\$624.10
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$646.63	0.8136	1.0000	0.9820	1.0003	1.0000	1.2172	\$628.98
78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7203	1.0000	0.9370	1.0003	1.0000	1.2172	\$531.38
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7437	1.0000	0.9370	1.0003	1.0000	1.2172	\$548.62
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7250	1.0000	0.9370	1.0003	1.0000	1.2172	\$534.85

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.8199
78079DC0220021	BluePreferred PPO Gold 500	0.8197
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.7176
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.7193
78079DC0220024	BluePreferred PPO Platinum 0	0.9193
78079DC0220025	BluePreferred PPO Platinum 500	0.9068
78079DC0220026	BluePreferred PPO Silver 1500	0.7165
78079DC0220031	BluePreferred PPO Gold 1500	0.8191
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.8198
78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	0.7185
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.7192
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	0.7191

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.1054	82.1%	
		New	0.9448	12.8%	
		Transfer	0.9999	5.1%	
(2)	Rating Period	All	1.0795	100.0%	42.6
(3)	Nearest Rounded	All	1.0940		43.0
(4)	Calibration***	All	1.0135		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Gold 1000
(5)	Plan Adjusted Index Rate	\$643.83
(6)	Calibration	1.0135
(7)	Calibrated Rate	\$652.50
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.094)	0.8912
(9)	Age 40 Premium Rate	\$581.53

(4)

(5)*(6)

(7)*(8)

*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

**The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

***Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	37,888	1.0000	1.0000
Non-CDH	321,898	1.0000	1.0000
	359,786	1.0000	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average*
Catastrophic	0	1.0000	0.9094
Bronze	16,762	1.0000	0.9094
Silver	57,986	1.0300	0.9366
Gold	123,303	1.0800	0.9821
Platinum	161,735	1.1500	1.0458
Total	359,786	1.0997	

***Factors are applied as plan level adjustments**

Appendix - Experience Period to Rating Period Plan Mappings

		Exp. Period		Current Period		Rating Period	
2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name	2021 Base HIOS Plan ID	2021 HIOS Plan Name
78079DC0220020	BluePreferred PPO Gold 1000						
78079DC0220021	BluePreferred PPO Gold 500						
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500						
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000						
78079DC0220024	BluePreferred PPO Platinum 0						
78079DC0220025	BluePreferred PPO Platinum 500						
78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1500	78079DC0220026	BluePreferred PPO Silver 1500
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220031	BluePreferred PPO Gold 1500						
78079DC0220032	BluePreferred PPO 1000 90%/70%						
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA
				78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	2,331	2,466	-1.7%
Base Rate	Gold Members/Avg Renewal	7,593	7,805	-2.1%
Base Rate	Platinum Members/Avg Renewal	11,642	11,409	-1.2%
Base Rate	All Members/Avg Renewal	21,566	21,680	-1.6%
Base Rate	Minimum Renewal			-3.2%
Base Rate	Maximum Renewal			1.3%

2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	2021 HIOS Plan ID	2021 HIOS Plan Name	2021 Metal Level	2021 Marketplace Indicator	Current Month Member Count	Projected 2020 EOY Members	1Q2020 Base Rate	1Q2021 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	1,964	1,951	\$602.07	\$588.51	-2.3%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	3,250	3,505	\$616.97	\$603.44	-2.2%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	651	677	\$524.44	\$511.63	-2.4%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	653	650	\$511.65	\$506.44	-1.0%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	8,199	8,111	\$724.52	\$715.47	-1.2%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,443	3,298	\$694.16	\$687.48	-1.0%
78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	472	541	\$497.01	\$493.40	-0.7%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	2,094	2,056	\$591.29	\$578.16	-2.2%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	285	293	\$582.57	\$582.68	0.0%
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	SILVER	On	100	119	\$487.08	\$492.26	1.1%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	454	478	\$525.21	\$508.23	-3.2%
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	SILVER	On	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	SILVER	On	1	1	\$489.10	\$495.48	1.3%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q21	1.6%	-0.2%	1.4%
3Q21	1.6%	-0.2%	1.4%
4Q21	1.6%	-0.2%	1.4%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2020	2021	% Change
Base Rate	\$489.10	\$495.48	1.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$319.87	\$360.21	12.6%

	BluePreferred PPO HSA/HRA Silver	BluePreferred PPO HSA/HRA Silver
Base Rate/Product(s)	2000 70	2100 70
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:

CFAP-132316213

ON-Exchange

BluePreferred PPO

DC/CF/SHOP/GC (R. 1/19)
DC/CF/SHOP/PPO/EOC (R. 1/20)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC/CF/SHOP/PPO/DOCS (R. 1/20)
DC/CF/SHOP/PPO/2021 AMEND (1/21)
DC/CF/BP PPO/1000 90-70 (1/21)
DC/CF/BP PPO BF HSA/SIL 1500 (1/21)
DC/CF/BP PPO CDH/2400 80-60 (1/21)
DC/CF/BP PPO CDH/SIL 1500 (1/21)
DC/CF/BP PPO CDH/SIL 2000 (1/21)
DC/CF/BP PPO CDH/SIL 2100 70 (1/21)
DC/CF/BP PPO/GOLD 500 (1/21)
DC/CF/BP PPO/GOLD 1000 (1/21)
DC/CF/BP PPO/GOLD 1500 (1/21)
DC/CF/BP PPO/PLAT 0 (1/21)
DC/CF/BP PPO/PLAT 500 (1/21)
DC/CF/BP PPO/SIL 1500 (1/21)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/PPO (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SG/INCENT (R. 1/20)
DC/CF/SHOP/ELIG (R. 1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Inpatient Hospital	\$5,544,896	\$0	Admits	184
201702	35,060	Inpatient Hospital	\$2,632,953	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,568,401	\$0	Admits	187
201704	35,484	Inpatient Hospital	\$3,803,412	\$0	Admits	192
201705	35,621	Inpatient Hospital	\$3,064,919	\$0	Admits	181
201706	35,341	Inpatient Hospital	\$3,946,092	\$0	Admits	197
201707	35,409	Inpatient Hospital	\$2,729,768	\$0	Admits	176
201708	35,596	Inpatient Hospital	\$3,424,580	\$0	Admits	193
201709	35,575	Inpatient Hospital	\$3,027,684	\$0	Admits	222
201710	35,395	Inpatient Hospital	\$2,497,778	\$0	Admits	179
201711	35,242	Inpatient Hospital	\$2,976,901	\$0	Admits	237
201712	34,727	Inpatient Hospital	\$2,820,630	\$0	Admits	157
201801	34,450	Inpatient Hospital	\$3,737,354	\$0	Admits	223
201802	34,315	Inpatient Hospital	\$3,903,383	\$0	Admits	250
201803	34,168	Inpatient Hospital	\$3,682,031	\$0	Admits	246
201804	33,858	Inpatient Hospital	\$3,527,087	\$0	Admits	311
201805	33,816	Inpatient Hospital	\$2,971,929	\$0	Admits	312
201806	33,246	Inpatient Hospital	\$3,360,384	\$0	Admits	237
201807	32,849	Inpatient Hospital	\$3,463,976	\$0	Admits	296
201808	32,747	Inpatient Hospital	\$3,208,521	\$0	Admits	226
201809	32,524	Inpatient Hospital	\$3,466,910	\$0	Admits	267
201810	32,341	Inpatient Hospital	\$3,889,097	\$0	Admits	385
201811	31,817	Inpatient Hospital	\$3,239,625	\$0	Admits	289
201812	30,539	Inpatient Hospital	\$2,313,491	\$0	Admits	170
201901	31,131	Inpatient Hospital	\$2,893,143	\$0	Admits	187
201902	31,166	Inpatient Hospital	\$3,110,597	\$0	Admits	185
201903	31,069	Inpatient Hospital	\$3,174,656	\$0	Admits	176
201904	30,829	Inpatient Hospital	\$3,219,113	\$0	Admits	158
201905	30,678	Inpatient Hospital	\$3,152,708	\$0	Admits	210
201906	30,397	Inpatient Hospital	\$2,548,899	\$0	Admits	162
201907	30,531	Inpatient Hospital	\$2,981,471	\$0	Admits	220
201908	30,562	Inpatient Hospital	\$2,494,463	\$0	Admits	165
201909	30,565	Inpatient Hospital	\$3,002,939	\$0	Admits	191
201910	30,569	Inpatient Hospital	\$3,801,496	\$0	Admits	223
201911	30,446	Inpatient Hospital	\$3,043,408	\$0	Admits	203
201912	29,956	Inpatient Hospital	\$2,917,289	\$0	Admits	171
202001	29,738	Inpatient Hospital	\$2,664,520	\$0	Admits	180
202002	29,562	Inpatient Hospital	\$1,267,043	\$0	Admits	99

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Outpatient Hospital	\$4,056,772	\$0	Visits	3,814
201702	35,060	Outpatient Hospital	\$4,194,348	\$0	Visits	3,484
201703	35,518	Outpatient Hospital	\$4,539,066	\$0	Visits	3,912
201704	35,484	Outpatient Hospital	\$3,894,325	\$0	Visits	3,414
201705	35,621	Outpatient Hospital	\$4,117,677	\$0	Visits	3,638
201706	35,341	Outpatient Hospital	\$4,019,601	\$0	Visits	3,393
201707	35,409	Outpatient Hospital	\$3,619,654	\$0	Visits	3,157
201708	35,596	Outpatient Hospital	\$3,809,752	\$0	Visits	3,383
201709	35,575	Outpatient Hospital	\$3,392,852	\$0	Visits	3,269
201710	35,395	Outpatient Hospital	\$3,905,112	\$0	Visits	3,675
201711	35,242	Outpatient Hospital	\$3,875,669	\$0	Visits	3,413
201712	34,727	Outpatient Hospital	\$3,806,845	\$0	Visits	3,281
201801	34,450	Outpatient Hospital	\$4,139,674	\$0	Visits	3,602
201802	34,315	Outpatient Hospital	\$3,536,193	\$0	Visits	3,308
201803	34,168	Outpatient Hospital	\$4,439,872	\$0	Visits	3,818
201804	33,858	Outpatient Hospital	\$4,061,229	\$0	Visits	3,809
201805	33,816	Outpatient Hospital	\$4,254,904	\$0	Visits	3,915
201806	33,246	Outpatient Hospital	\$3,940,231	\$0	Visits	3,576
201807	32,849	Outpatient Hospital	\$3,779,653	\$0	Visits	3,468
201808	32,747	Outpatient Hospital	\$4,169,487	\$0	Visits	3,630
201809	32,524	Outpatient Hospital	\$3,846,190	\$0	Visits	3,341
201810	32,341	Outpatient Hospital	\$4,574,779	\$0	Visits	3,909
201811	31,817	Outpatient Hospital	\$4,277,133	\$0	Visits	3,544
201812	30,539	Outpatient Hospital	\$3,627,269	\$0	Visits	3,298
201901	31,131	Outpatient Hospital	\$4,221,123	\$0	Visits	3,626
201902	31,166	Outpatient Hospital	\$3,697,732	\$0	Visits	3,201
201903	31,069	Outpatient Hospital	\$4,473,809	\$0	Visits	3,597
201904	30,829	Outpatient Hospital	\$4,677,840	\$0	Visits	3,540
201905	30,678	Outpatient Hospital	\$4,119,287	\$0	Visits	3,362
201906	30,397	Outpatient Hospital	\$3,708,832	\$0	Visits	2,993
201907	30,531	Outpatient Hospital	\$4,138,665	\$0	Visits	3,294
201908	30,562	Outpatient Hospital	\$4,148,723	\$0	Visits	3,128
201909	30,565	Outpatient Hospital	\$3,711,664	\$0	Visits	3,126
201910	30,569	Outpatient Hospital	\$4,393,490	\$0	Visits	3,495
201911	30,446	Outpatient Hospital	\$4,060,608	\$0	Visits	3,004
201912	29,956	Outpatient Hospital	\$4,264,087	\$0	Visits	2,877
202001	29,738	Outpatient Hospital	\$4,257,297	\$0	Visits	3,252
202002	29,562	Outpatient Hospital	\$4,382,624	\$0	Visits	3,693

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Professional	\$6,280,241	\$0	Visits	41,640
201702	35,060	Professional	\$5,887,395	\$0	Visits	36,617
201703	35,518	Professional	\$6,371,638	\$0	Visits	41,278
201704	35,484	Professional	\$5,909,259	\$0	Visits	36,559
201705	35,621	Professional	\$6,300,713	\$0	Visits	40,816
201706	35,341	Professional	\$6,236,456	\$0	Visits	38,854
201707	35,409	Professional	\$5,616,983	\$0	Visits	35,237
201708	35,596	Professional	\$6,511,179	\$0	Visits	39,148
201709	35,575	Professional	\$5,850,651	\$0	Visits	37,134
201710	35,395	Professional	\$6,157,462	\$0	Visits	40,821
201711	35,242	Professional	\$6,148,792	\$0	Visits	38,102
201712	34,727	Professional	\$5,544,858	\$0	Visits	34,020
201801	34,450	Professional	\$7,259,172	\$0	Visits	45,695
201802	34,315	Professional	\$5,982,440	\$0	Visits	37,286
201803	34,168	Professional	\$6,420,748	\$0	Visits	39,132
201804	33,858	Professional	\$6,303,322	\$0	Visits	37,963
201805	33,816	Professional	\$6,465,152	\$0	Visits	39,803
201806	33,246	Professional	\$5,963,610	\$0	Visits	36,602
201807	32,849	Professional	\$5,772,269	\$0	Visits	35,258
201808	32,747	Professional	\$6,130,375	\$0	Visits	37,443
201809	32,524	Professional	\$5,582,330	\$0	Visits	35,085
201810	32,341	Professional	\$7,005,668	\$0	Visits	43,922
201811	31,817	Professional	\$5,963,896	\$0	Visits	36,710
201812	30,539	Professional	\$5,087,815	\$0	Visits	30,999
201901	31,131	Professional	\$6,915,865	\$0	Visits	43,087
201902	31,166	Professional	\$5,665,882	\$0	Visits	35,224
201903	31,069	Professional	\$6,262,681	\$0	Visits	37,785
201904	30,829	Professional	\$6,320,600	\$0	Visits	38,276
201905	30,678	Professional	\$6,329,716	\$0	Visits	38,351
201906	30,397	Professional	\$5,837,080	\$0	Visits	34,553
201907	30,531	Professional	\$6,007,670	\$0	Visits	35,988
201908	30,562	Professional	\$5,807,119	\$0	Visits	35,254
201909	30,565	Professional	\$5,839,857	\$0	Visits	36,022
201910	30,569	Professional	\$6,773,768	\$0	Visits	42,058
201911	30,446	Professional	\$5,802,470	\$0	Visits	35,012
201912	29,956	Professional	\$5,686,919	\$0	Visits	33,067
202001	29,738	Professional	\$6,528,200	\$0	Visits	38,677
202002	29,562	Professional	\$8,137,848	\$0	Visits	50,007

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Other Medical	\$1,129,478	\$0	Services	3,697
201702	35,060	Other Medical	\$992,962	\$0	Services	3,730
201703	35,518	Other Medical	\$989,171	\$0	Services	4,145
201704	35,484	Other Medical	\$969,384	\$0	Services	3,637
201705	35,621	Other Medical	\$1,150,252	\$0	Services	3,857
201706	35,341	Other Medical	\$1,039,717	\$0	Services	4,078
201707	35,409	Other Medical	\$1,051,908	\$0	Services	3,567
201708	35,596	Other Medical	\$1,108,500	\$0	Services	4,474
201709	35,575	Other Medical	\$896,439	\$0	Services	3,718
201710	35,395	Other Medical	\$1,114,070	\$0	Services	3,972
201711	35,242	Other Medical	\$1,176,855	\$0	Services	3,921
201712	34,727	Other Medical	\$1,121,951	\$0	Services	4,136
201801	34,450	Other Medical	\$1,199,950	\$0	Services	4,408
201802	34,315	Other Medical	\$1,082,261	\$0	Services	4,092
201803	34,168	Other Medical	\$1,308,933	\$0	Services	4,310
201804	33,858	Other Medical	\$1,425,300	\$0	Services	4,093
201805	33,816	Other Medical	\$1,485,227	\$0	Services	4,444
201806	33,246	Other Medical	\$1,214,343	\$0	Services	4,610
201807	32,849	Other Medical	\$1,334,169	\$0	Services	4,339
201808	32,747	Other Medical	\$1,331,013	\$0	Services	4,580
201809	32,524	Other Medical	\$1,274,141	\$0	Services	3,777
201810	32,341	Other Medical	\$1,261,776	\$0	Services	4,239
201811	31,817	Other Medical	\$1,326,423	\$0	Services	3,995
201812	30,539	Other Medical	\$1,050,479	\$0	Services	3,669
201901	31,131	Other Medical	\$1,065,956	\$0	Services	4,112
201902	31,166	Other Medical	\$1,084,327	\$0	Services	3,747
201903	31,069	Other Medical	\$1,127,673	\$0	Services	4,132
201904	30,829	Other Medical	\$1,133,729	\$0	Services	3,995
201905	30,678	Other Medical	\$1,277,903	\$0	Services	4,315
201906	30,397	Other Medical	\$1,157,377	\$0	Services	4,043
201907	30,531	Other Medical	\$1,206,583	\$0	Services	4,042
201908	30,562	Other Medical	\$1,355,906	\$0	Services	4,326
201909	30,565	Other Medical	\$1,260,145	\$0	Services	3,820
201910	30,569	Other Medical	\$1,278,412	\$0	Services	3,391
201911	30,446	Other Medical	\$1,054,224	\$0	Services	2,595
201912	29,956	Other Medical	\$1,147,775	\$0	Services	2,722
202001	29,738	Other Medical	\$1,270,497	\$0	Services	2,924
202002	29,562	Other Medical	\$1,295,293	\$0	Services	3,372

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Prescription Drug	\$5,380,254	\$690,055	Scripts	29,474
201702	35,060	Prescription Drug	\$5,314,432	\$687,831	Scripts	27,628
201703	35,518	Prescription Drug	\$6,021,204	\$797,859	Scripts	30,947
201704	35,484	Prescription Drug	\$5,451,816	\$732,593	Scripts	28,560
201705	35,621	Prescription Drug	\$6,427,873	\$886,156	Scripts	30,941
201706	35,341	Prescription Drug	\$5,989,429	\$861,362	Scripts	29,421
201707	35,409	Prescription Drug	\$5,671,057	\$787,229	Scripts	28,596
201708	35,596	Prescription Drug	\$6,655,233	\$882,979	Scripts	30,015
201709	35,575	Prescription Drug	\$5,838,825	\$789,330	Scripts	28,273
201710	35,395	Prescription Drug	\$6,194,200	\$786,538	Scripts	30,334
201711	35,242	Prescription Drug	\$5,939,158	\$783,058	Scripts	29,729
201712	34,727	Prescription Drug	\$5,870,684	\$777,193	Scripts	30,295
201801	34,450	Prescription Drug	\$6,046,772	\$791,047	Scripts	30,399
201802	34,315	Prescription Drug	\$5,533,642	\$745,015	Scripts	26,697
201803	34,168	Prescription Drug	\$6,062,289	\$798,094	Scripts	28,698
201804	33,858	Prescription Drug	\$6,106,076	\$803,292	Scripts	27,747
201805	33,816	Prescription Drug	\$6,333,897	\$837,604	Scripts	29,400
201806	33,246	Prescription Drug	\$5,953,002	\$791,247	Scripts	26,901
201807	32,849	Prescription Drug	\$5,988,650	\$805,324	Scripts	26,580
201808	32,747	Prescription Drug	\$6,286,921	\$803,141	Scripts	27,261
201809	32,524	Prescription Drug	\$5,569,039	\$702,041	Scripts	24,822
201810	32,341	Prescription Drug	\$6,690,955	\$802,605	Scripts	28,371
201811	31,817	Prescription Drug	\$5,918,424	\$710,773	Scripts	26,436
201812	30,539	Prescription Drug	\$5,789,991	\$671,242	Scripts	25,447
201901	31,131	Prescription Drug	\$5,908,865	\$815,184	Scripts	26,788
201902	31,166	Prescription Drug	\$5,285,911	\$736,895	Scripts	23,794
201903	31,069	Prescription Drug	\$5,592,909	\$810,926	Scripts	26,178
201904	30,829	Prescription Drug	\$6,216,077	\$956,413	Scripts	26,007
201905	30,678	Prescription Drug	\$5,740,972	\$869,627	Scripts	25,716
201906	30,397	Prescription Drug	\$5,996,326	\$887,987	Scripts	24,153
201907	30,531	Prescription Drug	\$6,128,496	\$977,429	Scripts	25,609
201908	30,562	Prescription Drug	\$6,054,378	\$983,856	Scripts	24,584
201909	30,565	Prescription Drug	\$5,809,164	\$910,938	Scripts	24,221
201910	30,569	Prescription Drug	\$6,150,029	\$993,706	Scripts	25,425
201911	30,446	Prescription Drug	\$6,178,947	\$975,274	Scripts	23,862
201912	29,956	Prescription Drug	\$6,024,757	\$994,250	Scripts	25,604
202001	29,738	Prescription Drug	\$5,760,027	\$885,288	Scripts	25,768
202002	29,562	Prescription Drug	\$5,766,908	\$912,988	Scripts	24,257

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Capitations	\$43,371	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$44,805	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$46,238	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$46,081	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$46,149	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$45,869	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$45,853	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$45,956	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$45,955	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$45,636	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$45,299	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$44,580	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$37,340	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,280	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,247	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,849	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,429	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,980	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,625	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,424	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,103	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,808	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,241	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,264	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,272	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,098	\$0	Benefit Period	31,166
201903	31,069	Capitations	\$40,111	\$0	Benefit Period	31,069
201904	30,829	Capitations	\$39,911	\$0	Benefit Period	30,829
201905	30,678	Capitations	\$39,374	\$0	Benefit Period	30,678
201906	30,397	Capitations	\$38,944	\$0	Benefit Period	30,397
201907	30,531	Capitations	\$38,963	\$0	Benefit Period	30,531
201908	30,562	Capitations	\$38,997	\$0	Benefit Period	30,562
201909	30,565	Capitations	\$38,860	\$0	Benefit Period	30,565
201910	30,569	Capitations	\$38,731	\$0	Benefit Period	30,569
201911	30,446	Capitations	\$38,480	\$0	Benefit Period	30,446
201912	29,956	Capitations	\$37,849	\$0	Benefit Period	29,956
202001	29,738	Capitations	\$38,468	\$0	Benefit Period	29,738
202002	29,562	Capitations	\$38,076	\$0	Benefit Period	29,562

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201701	34,634	21,490	\$22,435,011	\$690,055	\$21,744,955	\$18,714,475	\$17,762,483	105.4%
201702	35,060	21,882	\$19,066,894	\$687,831	\$18,379,063	\$15,938,932	\$17,918,021	89.0%
201703	35,518	22,301	\$21,535,719	\$797,859	\$20,737,860	\$18,128,284	\$18,080,433	100.3%
201704	35,484	22,245	\$20,074,279	\$732,593	\$19,341,685	\$17,102,674	\$18,190,353	94.0%
201705	35,621	22,351	\$21,107,583	\$886,156	\$20,221,427	\$17,903,761	\$18,064,664	99.1%
201706	35,341	22,149	\$21,277,164	\$861,362	\$20,415,802	\$18,153,910	\$17,988,169	100.9%
201707	35,409	22,091	\$18,735,222	\$787,229	\$17,947,993	\$15,830,082	\$17,986,512	88.0%
201708	35,596	22,151	\$21,555,200	\$882,979	\$20,672,221	\$18,479,078	\$18,114,119	102.0%
201709	35,575	22,178	\$19,052,406	\$789,330	\$18,263,076	\$16,215,702	\$18,142,393	89.4%
201710	35,395	22,069	\$19,914,258	\$786,538	\$19,127,719	\$16,959,213	\$17,976,404	94.3%
201711	35,242	21,906	\$20,162,674	\$783,058	\$19,379,616	\$17,265,810	\$17,954,831	96.2%
201712	34,727	21,591	\$19,209,548	\$777,193	\$18,432,355	\$16,282,297	\$17,783,059	91.6%
201801	34,450	21,572	\$22,420,262	\$791,047	\$21,629,216	\$18,407,118	\$18,713,930	98.4%
201802	34,315	21,464	\$20,075,198	\$745,015	\$19,330,183	\$16,845,623	\$18,612,206	90.5%
201803	34,168	21,364	\$21,951,119	\$798,094	\$21,153,025	\$18,612,120	\$18,610,521	100.0%
201804	33,858	21,190	\$21,459,862	\$803,292	\$20,656,571	\$18,246,552	\$18,642,174	97.9%
201805	33,816	21,060	\$21,547,538	\$837,604	\$20,709,934	\$18,311,949	\$18,581,349	98.6%
201806	33,246	20,721	\$20,467,551	\$791,247	\$19,676,304	\$17,554,724	\$18,536,232	94.7%
201807	32,849	20,479	\$20,374,341	\$805,324	\$19,569,017	\$17,588,180	\$18,293,910	96.1%
201808	32,747	20,324	\$21,161,741	\$803,141	\$20,358,600	\$18,307,721	\$18,316,372	100.0%
201809	32,524	20,092	\$19,773,714	\$702,041	\$19,071,674	\$17,183,569	\$18,468,703	93.0%
201810	32,341	20,014	\$23,457,083	\$802,605	\$22,654,478	\$20,468,647	\$18,225,029	112.3%
201811	31,817	19,703	\$20,759,741	\$710,773	\$20,048,968	\$18,170,601	\$18,201,870	99.8%
201812	30,539	18,966	\$17,902,311	\$671,242	\$17,231,068	\$15,424,062	\$18,132,248	85.1%
201901	31,131	19,606	\$21,045,223	\$815,184	\$20,230,039	\$17,241,523	\$18,796,448	91.7%
201902	31,166	19,608	\$18,884,547	\$736,895	\$18,147,652	\$15,948,378	\$18,739,161	85.1%
201903	31,069	19,546	\$20,671,839	\$810,926	\$19,860,913	\$17,488,102	\$18,725,551	93.4%
201904	30,829	19,423	\$21,607,269	\$956,413	\$20,650,857	\$18,394,948	\$18,635,041	98.7%
201905	30,678	19,270	\$20,659,958	\$869,627	\$19,790,331	\$17,667,367	\$18,492,313	95.5%
201906	30,397	19,100	\$19,287,457	\$887,987	\$18,399,470	\$16,467,489	\$18,491,004	89.1%
201907	30,531	19,192	\$20,501,847	\$977,429	\$19,524,418	\$17,531,651	\$18,495,195	94.8%
201908	30,562	19,209	\$19,899,586	\$983,856	\$18,915,730	\$17,049,771	\$18,547,943	91.9%
201909	30,565	19,187	\$19,662,628	\$910,938	\$18,751,691	\$16,847,208	\$18,591,927	90.6%
201910	30,569	19,151	\$22,435,927	\$993,706	\$21,442,221	\$19,461,059	\$18,579,216	104.7%
201911	30,446	19,007	\$20,178,138	\$975,274	\$19,202,864	\$17,468,153	\$18,609,657	93.9%
201912	29,956	18,681	\$20,078,676	\$994,250	\$19,084,426	\$17,236,842	\$18,462,666	93.4%
202001	29,738	18,712	\$20,519,009	\$885,288	\$19,633,721	\$16,947,243	\$19,200,879	88.3%
202002	29,562	18,650	\$20,887,793	\$912,988	\$19,974,806	\$16,991,341	\$19,101,218	89.0%

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers_SG
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_SG
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers_SG
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adjusted_SG
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2021Q1 over 2020Q1; etc.	Yes	Appendix - Rate Change_SG
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Rate Change_SG
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_SG
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_SG
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary_SG
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Total Experience
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit 8 - Trend
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	No	Not applicable
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Exhibit 7 - Other Adjustments
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	Appendix - Rate Change_SG
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Appendix - Rate Change_SG
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Appendix - Total Experience

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_Combined
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment _SG
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total 	Yes	Exhibit10A - DICR SG and Exhibit 10B - Fed MLR_SG
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. Provide in Excel format only.	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Part II included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	No	Not applicable

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the

Gregory Sucher
(Print Name)

Gregory Sucher
(Signature)

Digitally signed by Gregory Sucher
Date: 2020.05.01 11:31:57 -0400

DC GHMSI Small Group & Individual Combined (Small Group)
Exhibit 1 - Market Adjusted Index Rate Summary

	2021	2020	% Change
(1) Base Period Total Allowed	\$636.05	\$611.18	4.1%
(2) Base Period Non-EHB PMPM	\$0.71	\$0.63	13.8%
(3) Experience Period Index Rate	\$635.33	\$610.55	4.1%
(4) Change in Morbidity	1.0003	1.0063	-0.6%
(5) Additional Population Adjustment	1.0000	1.0000	0.0%
(6) Induced Demand	0.9986	1.0104	-1.2%
(7) Projection Period Utilization and Network Adjustment	1.0000	1.0000	0.0%
(8) Demographic Adjustment	0.9951	0.9900	0.5%
(9) Area Adjustment	1.0000	1.0000	0.0%
(10) Additional "Other" Adjustments	1.0062	0.9962	1.0%
(11) Annualized Trend	6.5%	7.5%	
(12) Months of Trend	24.0	24.0	
(13) Unit cost & Utilization/1,000 Trend Factor	1.1343	1.1556	-1.8%
(14) Projection Period Index Rate	\$ 720.81	\$ 707.46	1.9%
(15) Risk Adjustment Program	0.8971	0.9366	-4.2%
(16) Federal Exchange User Fee	1.0000	1.0000	0.0%
(17) Market Adjusted Index Rate	\$ 646.63	\$ 662.57	-2.4%
Without Risk Adjustment	\$ 720.81	\$ 707.46	1.9%
Base Rate Change	-1.6%	11.4%	

2021 DC Small Group GHMSI
Plan Adjusted Index Rate Changes

Index	2020 HIQS Plan ID	2020 Plan Name	Type	Metallic Tier	On/Off	Projected Members - 12/2020	Market Adjusted Index Rate			Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Admin			Age Calibration			Total Change			
							2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	2021	2020	Change	
1	78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	1,951	\$646.63	\$662.57	-2.41%	0.822	0.832	-1.19%	1.000	1.000	0.00%	0.982	0.979	0.31%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$588.51	\$602.07	-2.25%	
2	78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	3,505	\$646.63	\$662.57	-2.41%	0.843	0.852	-1.13%	1.000	1.000	0.00%	0.982	0.979	0.31%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$603.44	\$616.97	-2.19%	
3	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	677	\$646.63	\$662.57	-2.41%	0.749	0.759	-1.39%	1.000	1.000	0.00%	0.937	0.934	0.32%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$511.63	\$524.44	-2.44%	
4	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	650	\$646.63	\$662.57	-2.41%	0.741	0.741	0.04%	1.000	1.000	0.00%	0.937	0.934	0.32%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$506.44	\$511.65	-1.02%	
5	78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	8,111	\$646.63	\$662.57	-2.41%	0.938	0.939	-0.16%	1.000	1.000	0.00%	1.046	1.043	0.29%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$715.47	\$724.52	-1.25%	
6	78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	3,298	\$646.63	\$662.57	-2.41%	0.901	0.900	0.13%	1.000	1.000	0.00%	1.046	1.043	0.29%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$687.48	\$694.16	-0.96%	
7	78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	541	\$646.63	\$662.57	-2.41%	0.722	0.720	0.34%	1.000	1.000	0.00%	0.937	0.934	0.32%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$493.40	\$497.01	-0.73%	
8	78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	2,056	\$646.63	\$662.57	-2.41%	0.807	0.817	-1.16%	1.000	1.000	0.00%	0.982	0.979	0.31%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$578.16	\$591.29	-2.22%	
9	78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	293	\$646.63	\$662.57	-2.41%	0.814	0.805	1.11%	1.000	1.000	0.00%	0.982	0.979	0.31%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$582.68	\$582.57	0.02%	
10	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	PPO	SILVER	On	119	\$646.63	\$662.57	-2.41%	0.720	0.705	2.15%	1.000	1.000	0.00%	0.937	0.934	0.32%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$492.26	\$487.08	1.06%	
11	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	478	\$646.63	\$662.57	-2.41%	0.744	0.760	-2.19%	1.000	1.000	0.00%	0.937	0.934	0.32%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$508.23	\$525.21	-3.23%	
12	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	PPO	SILVER	On	1	\$646.63	\$662.57	-2.41%	0.725	0.708	2.39%	1.000	1.000	0.00%	0.937	0.934	0.32%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$495.48	\$489.10	1.30%	
							21,680	\$646.63	\$662.57	-2.41%	0.870	0.874	-0.49%	1.000	1.000	0.00%	1.011	1.008	0.30%	1.000	1.000	0.00%	1.000	1.000	0.01%	1.217	1.190	2.25%	0.926	0.937	-1.18%	\$642.88	\$652.93	-1.57%

Key Drivers

- 1.) Deterioration in the base period experience of the combined pool.
- 2.) Removal of the Health Insurer Fee in 2021.
- 3.) Increase in the contribution to reserve.
- 4.) Increase to the Risk Adjustment receivable.

CareFirst BlueCross BlueShield

Part III Actuarial Memorandum

4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

4.2 General Information Section

Company Identifying Information:

- **Company Legal Name:** Group Hospitalization and Medical Services, Inc. (GHMSI) - NAIC # 53007
- **State:** District of Columbia
- **HIOS Issuer ID:** 78079
- **Market:** Small Groups (On Exchange)
- **Effective Date:** 1/1/21 and quarterly incremental "trend" increases effective 4/1/21, 7/1/21 and 10/1/21.
- **Company Filing Number:** 2437
- **SERFF Filing Number:** CFAP-132316213

Company Contact Information:

- **Primary Contact Name:** Mr. Gregory Sucher, FSA, MAAA
- **Primary Contact Telephone Number:** 410-998-5988
- **Primary Contact E-Mail Address:** Gregory.Sucher@CareFirst.com

4.3 Proposed Rate Changes (Small Group market)

Base rates are changing -1.6% on average for 1Q21. The range is -3.2% to 1.3%. The estimated average base rate changes for 2Q21, 3Q21, and 4Q21 are -1.8%, -2.0% and -2.2%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 12,582.

Reason for Rate Change(s):

The main drivers supporting the rate change are the increase in the base period experience of the combined pool, elimination of the Health Insurer Fee in 2021, an increase in the contribution to reserve, and an increase in the risk adjustment receivable.

For our initial submission, we have not adjusted 2021 rates to reflect potential impacts of the COVID-19 pandemic. As of today, we are still in the early stages of this event and it is unclear how the emerging experience will impact rates either positively or negatively. We intend to update assumptions as appropriate as experience emerges during the review process. Possible considerations that could move rates either way include, but are not limited to:

- Impacts on 2021 trend due to deferred care
- Impacts on trend or future deferred care due to potential COVID resurgence in the fall of 2020
- Positive or negative impacts on the risk pool due to economic impact on groups and individual members
- Positive or negative impacts on the single risk pool due to special enrollment periods
- Changes to practice patterns such as a permanent increase in the utilization of telemedicine
- Impact on morbidity or mortality due to postponement of chronic care management
- Segment shifts from Group to Individual to Medicaid

4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/19 through 12/31/19, as required.

Paid Through Date: 2/29/20

Current Date: 2/29/20

Premiums (prior to MLR rebates) in Experience Period: \$223,166,124

Experience Period Member Months: 367,899

Current Date Members: 29,562

Allowed and Incurred Claims Incurred During the Experience Period

Allowed Claims

- **Processed through issuer's claim system:** \$234,000,611
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,307,201

Incurred Claims

- **Processed through issuer's claim system:** \$208,802,492
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$2,055,102

Method used for determining Allowed Claims

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

Support for IBNR estimates

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

4.4.2 Benefit Categories

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

4.4.3 Projection Factors

4.4.3.1 Trend Factors

Trend Factors (Cost/Utilization):

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated trend of 6.5%, which is a decrease compared to the 7.5% trend assumed in our prior filing. Current observed medical trends as of 201912 are 4.6%, down from 10.4% in 201812. The current observed drug trends are 6.0% as of 201912, down from 9.1% in 201812.

We note that the current drug observed trend as of 201912 is slightly depressed due to a structural formulary change effective 201801. The adjusted observed drug trend as of 201912 is 7.5%. The adjusted aggregate medical and drug trend is 5.5%.

When normalized for induced demand, network, and demographics, the composite 5.5% observed trend decreases to 4.9% compared to 10.2% in 201812.

4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment:

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2021 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2020) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2021) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2019 to 2021 is expected to be 0.0%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

Demographic Shift:

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

Plan Design Changes:

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

Other Adjustments:

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

4.4.3.3 Manual Rate Adjustments

Not applicable, as experience was determined to be fully credible. The Unified Rate Review Template (URRT) forces the use of a projection period ending twelve months after the effective date. This presumes all rates change on the effective date. This is inconsistent with our understanding of the DC small group market post-1/1/14. In this filing we are using a projection period ending with 3/31/2022 for our first quarter 2021 Index Rate Projection since business may be sold with this rate through 3/31/2021 and a one-year rate guarantee applies. The trends used in the URRT therefore will not produce the correct projected allowed amount PMPM. As such, we have assigned this projected amount a credibility factor of 0% and have entered the projected amounts corresponding to those in our rate filing using the Manual Rate section.

4.4.3.4 Credibility of Experience

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

4.4.3.5 Establishing the Index Rate

The experience period index rate for this filing is \$635.33 and the projection period index rate is \$720.81. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

4.4.3.6 Development of the Market-wide Adjusted Index Rate

The Market-wide Adjusted Index Rate for the Small Group market is \$646.63 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

Reinsurance

There are no reinsurance recoveries applicable to this market.

Risk Adjustment Payment/Charge:

The Experience Period Risk Adjustment transfers in the URRT are based on CMS actual results.

Our projected 2021 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2019 to 2021, we have assumed an increase in the statewide premium of 9.5% which reflects an estimate of an average 8.4% increase in 2020 and 1.0% increase in 2021. We have assumed that our market share will increase from 79.0% in 2020 to 79.5% in 2021. We have assumed that our PLRS ratio to the state will improve from 1.020 in 2019 to 1.015 in 2021. The resultant estimate of risk adjustment is that the GHMSI receivable transfer PMPM for the Small Group market will increase from \$50.49 in 2019 to \$66.68 in 2021.

Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The URRT instructions state that this adjustment may "...take into account the benefit differences and *utilization differences due to differences in cost-sharing.*" As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the PPO network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
 1. Administrative Expense (G&A)
 2. Broker Commissions & Fees
 3. Federal Income Tax (FIT)
 4. Contribution to Reserve (Post-Tax)
 5. State Premium Tax
 6. Health Insurer Fee (HIF) – Removed for 2021 & 2022
 7. PCORI Fee
 8. Risk Adjustment User Fee
 9. Exchange Assessment Fee

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

4.4.5 Calibration

Age Curve Calibration

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found in Exhibit 13.

Geographic Factor Calibration

We have elected not to rate for geographic region.

Tobacco Use Rating Factor Calibration

We have elected not to rate for tobacco usage.

4.4.6 Consumer Adjusted Premium Rate Development

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to

take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

4.5 Projected Loss Ratio

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 85.2% for the Small Group market and 85.4% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

4.6 Plan Product Information

4.6.1 AV Metal Values

The majority of our 2021 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 84% of the designated services are rendered in higher cost-share setting and the remaining 16% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the “Actuarial Memorandum” section of the Supporting Documentation tab of the SERFF filing.

4.6.2 Membership Projections

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/29/20 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

Also, Section III on Worksheet 2 of the URRT is out of balance with worksheet 1. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Small Group plans. Therefore, because of Individual being included at the pool level but not on the plan level, there is a large difference between the 2 worksheets.

4.6.3 Terminated Plans and Products

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

4.6.4 Plan Type

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

4.7 Miscellaneous Instructions

4.7.1 Effective Rate Review Information (Optional)

We have no additional exhibits.

4.7.2 Reliance

We do not have any reliance to state.

4.7.3 Actuarial Certification

Included in the Memorandum.

**Group Hospitalization & Medical Services Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)**

**Rate Filing # 2437
D.C. Small Group Products
Rate Filing Effective 1/1/2021**

Actuarial Memorandum

Group Hospitalization & Medical Services Inc.
(NAIC # 53007)
H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)
D.C. Small Group Products
Rate Filing Effective 1/1/2021
Actuarial Certification

I, Gregory Sucher, am a(n) Actuary with CareFirst GHMSI doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient

2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).

3. Consistent with 45 CFR § 156.135, the 2021 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Gregory Sucher
Digitally signed by Gregory Sucher
Date: 2020.05.01 11:29:44 -04'00'

Gregory Sucher, FSA, MAAA
Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, MD 21117

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Exhibit 1 - Market Adjusted Index Rate Summary

		2021	Exhibit
(1)	Base Period Total Allowed	\$ 636.05	2
(2)	Base Period Non-EHB PMPM	\$ 0.71	2
(3)	Experience Period Index Rate	\$ 635.33	
(4)	Change in Morbidity	1.0003	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	0.9986	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	0.9951	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0062	7
(11)	Annualized Trend	6.5%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1343	
(14)	Projection Period Index Rate	\$ 720.81	
(15)	Risk Adjustment Program	0.8971	9
(16)	Federal Exchange User Fee	1.0000	
(17)	Market Adjusted Index Rate	\$ 646.63	
	Without Risk Adjustment	\$ 720.81	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service
Inpatient Hospital	\$ 36,340,181		\$ 98.78	Admits	73.42	\$ 16,144.81
Outpatient Hospital	\$ 49,615,859		\$ 134.86	Visits	1,279.99	\$ 1,264.35
Professional	\$ 73,249,625		\$ 199.10	Visits	14,504.34	\$ 164.73
Other Medical	\$ 14,150,010		\$ 38.46	Services	1,475.67	\$ 312.77
Capitation	\$ 470,590		\$ 1.28	Benefit Period	1,000	\$ 15.35
Prescription Drug	\$ 60,174,345		\$ 163.56	Prescriptions	9,848.61	\$ 199.29
Total (EHB & Non-EHB)	\$ 234,000,611		\$ 636.05			
EHB Allowed	\$ 233,737,886		\$ 635.33			
Non-EHB Allowed	\$ 262,724		\$ 0.71			
Incurred Net	\$ 208,802,492		\$ 567.55			
Net/Allowed			89.23%			
Experience Period Member Months			367,899			
Experience Period Revenue	\$ 223,166,124					

Exhibit 3 - Non-EHB Adjustment

		2021 On-Exchange	2021 Off-Exchange	
(1)	Blended Index Rate	\$ 734.76	\$ 734.76	
(2)	Non-EHB PMPM	\$ 0.19	\$ 0.19	
(3)	Total	\$ 734.95	\$ 734.95	
(4)	Plan Level Adjustment	1.0003	1.0003	(3)/(1)

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2019 Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	18,889	\$ 192.84
Silver	55,425	\$ 308.30
Gold	121,668	\$ 351.78
Platinum	171,894	\$ 380.65
Subtotal	367,876	\$ 350.56

Current Year YTD

Existing				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,562	\$ 212.97	1.000	\$ 212.97
Silver	7,415	\$ 315.50	1.000	\$ 315.50
Gold	16,836	\$ 354.13	1.000	\$ 354.13
Platinum	23,898	\$ 383.61	1.000	\$ 383.61
Subtotal	50,711	\$ 355.24	1.000	\$ 355.24

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	276	\$ 212.97	1.000	\$ 212.97
Silver	1,192	\$ 315.50	1.000	\$ 315.50
Gold	2,293	\$ 354.13	1.000	\$ 354.13
Platinum	3,168	\$ 383.61	1.000	\$ 383.61
Subtotal	6,929	\$ 355.34	1.000	\$ 355.34

Transfer				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	72	\$ 195.92	1.000	\$ 195.92
Silver	424	\$ 174.17	1.000	\$ 174.17
Gold	612	\$ 346.81	1.000	\$ 346.81
Platinum	528	\$ 360.70	1.000	\$ 360.70
Subtotal	1,636	\$ 299.91	1.000	\$ 299.91

Total				
Metal Level	Member Months	2019 Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	2,910	\$ 212.54	1.000	\$ 212.54
Silver	9,031	\$ 308.87	1.000	\$ 308.87
Gold	19,741	\$ 353.90	1.000	\$ 353.90
Platinum	27,594	\$ 383.17	1.000	\$ 383.17
Subtotal	59,276	\$ 353.72	1.000	\$ 353.72

Remainder of Current Year

Existing				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	10,871	\$ 212.97	-	\$ 212.97
Silver	34,833	\$ 315.50	-	\$ 315.50
Gold	81,643	\$ 354.13	-	\$ 354.13
Platinum	117,033	\$ 383.61	-	\$ 383.61
Subtotal	244,380	\$ 356.46		

New				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	2,380	\$ 212.97	-	\$ 212.97
Silver	7,226	\$ 315.50	-	\$ 315.50
Gold	12,648	\$ 354.13	-	\$ 354.13
Platinum	15,337	\$ 383.61	-	\$ 383.61
Subtotal	37,591	\$ 349.79		

Transfer				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	475	\$ 195.92	-	\$ 195.92
Silver	2,324	\$ 174.17	-	\$ 174.17
Gold	3,567	\$ 346.81	-	\$ 346.81
Platinum	2,874	\$ 360.70	-	\$ 360.70
Subtotal	9,240	\$ 299.95		

Total				
Metal Level	Member Months	2020 Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	13,726	\$ 212.38	-	\$ 212.38
Silver	44,383	\$ 308.10	-	\$ 308.10
Gold	97,858	\$ 353.86	-	\$ 353.86
Platinum	135,244	\$ 383.12	-	\$ 383.12
Subtotal	291,211	\$ 353.81		

Total Current Year

Total	Member Months	2020 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -
Bronze	16,636	\$ 212.41
Silver	53,414	\$ 308.23
Gold	117,599	\$ 353.87
Platinum	162,838	\$ 383.13
Subtotal	350,487	\$ 353.79

Rating Year

Existing				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	12,918	\$ 212.41	1.000	\$ 212.41
Silver	44,961	\$ 308.23	1.000	\$ 308.23
Gold	101,657	\$ 353.87	1.000	\$ 353.87
Platinum	135,954	\$ 383.13	1.000	\$ 383.13
Subtotal	295,490	\$ 354.20	1.000	\$ 354.20

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	2,739	\$ 212.41	1.000	\$ 212.41
Silver	8,537	\$ 308.23	1.000	\$ 308.23
Gold	14,830	\$ 353.87	1.000	\$ 353.87
Platinum	19,884	\$ 383.13	1.000	\$ 383.13
Subtotal	45,990	\$ 349.62	1.000	\$ 349.62

Transfer				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	1.000	\$ -
Bronze	1,105	\$ 195.92	1.000	\$ 195.92
Silver	4,861	\$ 174.17	1.000	\$ 174.17
Gold	6,816	\$ 346.81	1.000	\$ 346.81
Platinum	5,524	\$ 360.70	1.000	\$ 360.70
Subtotal	18,306	\$ 296.05	1.000	\$ 296.05

Total				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	-	\$ -	-	\$ -
Bronze	16,762	\$ 211.32	1.000	\$ 211.32
Silver	58,359	\$ 297.07	1.000	\$ 297.07
Gold	123,303	\$ 353.48	1.000	\$ 353.48
Platinum	161,362	\$ 382.36	1.000	\$ 382.36
Subtotal	359,786	\$ 350.66	1.000	\$ 350.66

Year	Adjusted Normalized PMPM	Year over Year Change
2019	\$ 350.56	n/a
2020	\$ 353.79	0.9%
2021	\$ 350.66	-0.9%

Morbidity Adjustment Change	0.0%
Morbidity Adjustment Factor	1.0003

Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2019	85.36%	1.1175	
(2) Projected 2021	85.14%	1.1160	
(3) Adjustment*		0.9986	(2)/(1)

***Applied to all service categories except capitations**

Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.7209	100.0%	35.1
(2)	Rating Period	Existing	1.7626	82.1%	
		New	1.4514	12.8%	
		Transfer	1.5599	5.1%	
(3)	Rating Period	All	1.7125	100.0%	34.9
(4)	Demographic Adjustment***	All	0.9951		

(3) / (1)

***Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.**

****Average ages are member weighted**

*****Applied to all service categories except capitations**

Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment			
(1) Experience Period Capitations PMPM (EHBs only)	\$	0.73	
(2) Projection Period Capitations PMPM	\$	0.76	
(3) Adjustment to Capitation Category		1.0438	(2)/(1)
Drug Rebates adjustment			
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$	193.22	
(5) Morbidity		1.0003	Exhibit 4
(6) Induced Demand		0.9986	Exhibit 5
(7) Demographics		0.9951	Exhibit 6
(8) Rx Trend (Force of Trend)		1.1563	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$	222.10	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$	29.66	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$	192.44	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$	29.66	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$	163.56	(4)-(12)
(14) Morbidity		1.0003	Exhibit 4
(15) Induced Demand		0.9986	Exhibit 5
(16) Demographics		0.9951	Exhibit 6
(17) Rx Trend (Force of Trend)		1.1563	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$	188.01	(13)*(14)*(15)*(16)*(17)
(19) Adjustment to Drug Category		1.0236	(11)/(18)
Formulary Adjustments			
(20) Experience Period Allowed Rx PMPM (Pre-Rebates, existing formulary)	\$	193.22	
(21) Ingredient cost Adjustment Factor		1.0000	
(22) Experience Period Allowed Rx PMPM (Pre-Rebates, new formulary)	\$	193.22	(20)*(21)
(23) Projection Period Rx Rebates PMPM	\$	29.66	
(24) Adjustment to Drug Category		1.0000	[(22) - (23)]/[(20) - (23)]

	PMPM	Adjustment
Inpatient Hospital	\$ 109.33	1.0000
Outpatient Hospital	\$ 152.02	1.0000
Professional	\$ 224.87	1.0000
Other Medical	\$ 41.38	1.0000
Capitation	\$ 0.73	1.0438 (3)
Prescription Drug	\$ 188.01	1.0236 (19)*(24)
Total	\$ 716.34	1.0062

PMPM weights are set equal to projected PMPM without "other" adj.

Exhibit 8 - Annual Trend Assumptions

	2019 PMPM	Weight	Utilization/1,000	Unit Cost	Composite
Inpatient Hospital	\$ 98.78	15.5%	1.0050	1.0500	1.0552
Outpatient Hospital	\$ 134.86	21.2%	1.0050	1.0600	1.0653
Professional	\$ 199.10	31.3%	1.0251	1.0400	1.0661
Other Medical	\$ 38.46	6.0%	1.0251	1.0150	1.0405
Capitation	\$ 1.28	0.2%	1.0000	1.0000	1.0000
Prescription Drug	\$ 163.56	25.7%	1.0050	1.0700	1.0753
Total	\$ 636.05	100.0%			1.0649
Proposed Trend					1.0650

Exhibit 9 - Risk Adjustment

2019

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	28,072	10.4%	1.2067	1.1144	\$602,546	\$21.46
Gold	94,485	35.1%	1.3407	1.0298	\$4,406,581	\$46.64
Platinum	146,763	54.5%	1.5566	1.0610	\$8,588,193	\$58.52
Total	269,319	100.0%	1.4444	1.0556	\$13,597,319	\$50.49

Statewide 2019

Statewide PMPM 2019

Small Group	953,800		1.2400	1.0360	\$	438.02
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2021

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Bronze	-	0.0%	-	-	\$0	\$0.00
Silver	32,099	12.2%	1.1931	1.0926	\$1,339,421	\$41.73
Gold	95,027	36.1%	1.3306	1.0168	\$6,728,152	\$70.80
Platinum	136,376	51.8%	1.5065	1.0526	\$9,502,570	\$69.68
Total	263,502	100.0%	1.4049	1.0446	\$17,570,143	\$66.68

Statewide 2021

Statewide PMPM 2021

Small Group	953,415		1.1891	1.0321	\$	479.56
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Adjustment Factor applied to Market Adjusted Index Rate

Projected Index Rate (Avg. 1Q-4Q)	Projected Transfer PMPM (Allowed basis)	Risk Adjustment User Fee	Adjustment Factor*
\$734.76	\$75.80	\$ 0.19	0.8971

*Adjustment Factor = $(\$734.76 - \$75.80 + \$0.19) / \734.76

Exhibit 10A - Desired Incurred Claims Ratio

	1Q 2021		2Q 2021		3Q 2021		4Q 2021	
	PMPM	% of Revenue						
Allowed Claims	\$ 727.95		\$ 739.53		\$ 751.29		\$ 763.25	
Paid/Allowed Ratio	87.11%		87.11%		87.11%		87.11%	
Paid Claims & Capitations	\$ 634.08		\$ 644.17		\$ 654.42		\$ 664.84	
Risk Adjustment Transfer (Paid Basis)	\$ 66.68		\$ 66.68		\$ 66.68		\$ 66.68	
Paid Claims & Capitations (Post-3Rs)	\$ 567.40	82.1%	\$ 577.49	82.3%	\$ 587.74	82.5%	\$ 598.16	82.6%
Administrative Expense	\$ 51.27	7.4%	\$ 51.27	7.3%	\$ 51.27	7.2%	\$ 51.27	7.1%
Broker Commissions & Fee	\$ 23.80	3.4%	\$ 23.80	3.4%	\$ 23.80	3.3%	\$ 23.80	3.3%
Contribution to Reserve (Post-Tax)	\$ 23.49	3.4%	\$ 23.86	3.4%	\$ 24.23	3.4%	\$ 24.61	3.4%
Investment Income Credit	\$ (0.69)	-0.1%	\$ (0.70)	-0.1%	\$ (0.71)	-0.1%	\$ (0.72)	-0.1%
Risk Charge	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
<u>Non-ACA Taxes & Fees</u>								
State Premium Tax	\$ 13.82	2.0%	\$ 14.03	2.0%	\$ 14.25	2.0%	\$ 14.48	2.0%
State Assessment Fee	\$ 0.69	0.1%	\$ 0.70	0.1%	\$ 0.71	0.1%	\$ 0.72	0.1%
Reinsurance Program Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
State Income Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Federal Income Tax	\$ 4.15	0.6%	\$ 4.21	0.6%	\$ 4.28	0.6%	\$ 4.34	0.6%
<u>ACA Taxes & Fees</u>								
Health Insurer Tax	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.19	0.0%	\$ 0.19	0.0%	\$ 0.19	0.0%	\$ 0.19	0.0%
Exchange Assessment Fee	\$ 6.22	0.9%	\$ 6.32	0.9%	\$ 6.41	0.9%	\$ 6.52	0.9%
Federal Exchange User Fee	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PCORI Tax	\$ 0.20	0.0%	\$ 0.20	0.0%	\$ 0.20	0.0%	\$ 0.20	0.0%
BlueRewards/Incentive Program	\$ 0.35	0.1%	\$ 0.35	0.0%	\$ 0.35	0.0%	\$ 0.35	0.0%
Total Revenue	\$ 690.88	100.0%	\$ 701.72	100.0%	\$ 712.73	100.0%	\$ 723.91	100.0%
Plan Level Admin Load Adjustment	1.2172		1.2147		1.2123		1.2099	
Projected Member Months	81,740		37,253		38,902		105,607	
Average Members	6,812		3,104		3,242		8,801	
% Total 2021	31.0%		14.1%		14.8%		40.1%	

Exhibit 10B - Federal MLR

	Total 2021 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs)	\$ 584.16
Total Revenue	\$ 708.88
Traditional MLR (i.e. DICR)	82.4%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.35
Quality Improvement Expenses	\$ 4.13
Removal of non-care costs under MLR guidelines	\$ (6.77)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 19.14
ACA Taxes & Fees	\$ 6.77
Federal MLR Numerator	\$ 581.86
Federal MLR Denominator	\$ 682.97
Federal MLR	85.2%
Projected Member Months	263,502

Exhibit 10B - Federal MLR (Combined SG & Individual)

	Total 2021 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	556.88
Total Revenue \$	674.73
Traditional MLR (i.e. DICR)	82.5%
<u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.25
Quality Improvement Expenses \$	4.01
Removal of non-care costs under MLR guidelines \$	(5.30)
Denominator Adjustments	
Non-ACA Taxes & Fees \$	17.75
ACA Taxes & Fees \$	6.47
Federal MLR Numerator \$	555.85
Federal MLR Denominator \$	650.51
Federal MLR	85.4%
Projected Member Months	359,786

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Capped Dependents	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	GOLD	On	Regional Preferred (RPN)	\$646.63	0.8217	1.0000	0.9820	1.0003	1.0000	1.2172	\$635.28
78079DC0220021	BluePreferred PPO Gold 500	PPO	GOLD	On	Regional Preferred (RPN)	\$646.63	0.8425	1.0000	0.9820	1.0003	1.0000	1.2172	\$651.39
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7487	1.0000	0.9370	1.0003	1.0000	1.2172	\$552.29
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7411	1.0000	0.9370	1.0003	1.0000	1.2172	\$546.68
78079DC0220024	BluePreferred PPO Platinum 0	PPO	PLATINUM	On	Regional Preferred (RPN)	\$646.63	0.9378	1.0000	1.0460	1.0003	1.0000	1.2172	\$772.32
78079DC0220025	BluePreferred PPO Platinum 500	PPO	PLATINUM	On	Regional Preferred (RPN)	\$646.63	0.9011	1.0000	1.0460	1.0003	1.0000	1.2172	\$742.11
78079DC0220026	BluePreferred PPO Silver 1500	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7220	1.0000	0.9370	1.0003	1.0000	1.2172	\$532.61
78079DC0220031	BluePreferred PPO Gold 1500	PPO	GOLD	On	Regional Preferred (RPN)	\$646.63	0.8072	1.0000	0.9820	1.0003	1.0000	1.2172	\$624.10
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	GOLD	On	Regional Preferred (RPN)	\$646.63	0.8136	1.0000	0.9820	1.0003	1.0000	1.2172	\$628.98
78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7203	1.0000	0.9370	1.0003	1.0000	1.2172	\$531.38
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7437	1.0000	0.9370	1.0003	1.0000	1.2172	\$548.62
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	PPO	SILVER	On	Regional Preferred (RPN)	\$646.63	0.7250	1.0000	0.9370	1.0003	1.0000	1.2172	\$534.85

Exhibit 12 - AV Values

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.8199
78079DC0220021	BluePreferred PPO Gold 500	0.8197
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.7176
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.7193
78079DC0220024	BluePreferred PPO Platinum 0	0.9193
78079DC0220025	BluePreferred PPO Platinum 500	0.9068
78079DC0220026	BluePreferred PPO Silver 1500	0.7165
78079DC0220031	BluePreferred PPO Gold 1500	0.8191
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.8198
78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	0.7185
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.7192
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	0.7191

Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.1054	82.1%	
		New	0.9448	12.8%	
		Transfer	0.9999	5.1%	
(2)	Rating Period	All	1.0795	100.0%	42.6
(3)	Nearest Rounded	All	1.0940		43.0
(4)	Calibration***	All	1.0135		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BluePreferred PPO Gold 1000
(5)	Plan Adjusted Index Rate	\$643.83
(6)	Calibration	1.0135
(7)	Calibrated Rate	\$652.50
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.094)	0.8912
(9)	Age 40 Premium Rate	\$581.53

(4)

(5)*(6)

(7)*(8)

*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

**The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

***Applied uniformly to all plans

Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

Exhibit 15 - Induced Utilization Factors

CDH/Non-CDH	Projected Member Months	Relative to HSA/HRA	Relative to Average*
HSA/HRA	37,888	1.0000	1.0000
Non-CDH	321,898	1.0000	1.0000
	359,786	1.0000	

Metal Level	Projected Member Months	Relative to Bronze	Relative to Average*
Catastrophic	0	1.0000	0.9094
Bronze	16,762	1.0000	0.9094
Silver	57,986	1.0300	0.9366
Gold	123,303	1.0800	0.9821
Platinum	161,735	1.1500	1.0458
Total	359,786	1.0997	

***Factors are applied as plan level adjustments**

Appendix - Experience Period to Rating Period Plan Mappings

		Exp. Period		Current Period		Rating Period	
2018 Base HIOS Plan ID	2018 HIOS Plan Name	2019 Base HIOS Plan ID	2019 HIOS Plan Name	2020 Base HIOS Plan ID	2020 HIOS Plan Name	2021 Base HIOS Plan ID	2021 HIOS Plan Name
78079DC0220020	BluePreferred PPO Gold 1000						
78079DC0220021	BluePreferred PPO Gold 500						
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500						
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000						
78079DC0220024	BluePreferred PPO Platinum 0						
78079DC0220025	BluePreferred PPO Platinum 500						
78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1500	78079DC0220026	BluePreferred PPO Silver 1500
78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
78079DC0220031	BluePreferred PPO Gold 1500						
78079DC0220032	BluePreferred PPO 1000 90%/70%						
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2250 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA
				78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70

Appendix - Annual Rate Change Based on Mapping

Base Rate	Bronze Members/Avg Renewal	-	-	n/a
Base Rate	Silver Members/Avg Renewal	2,331	2,466	-1.7%
Base Rate	Gold Members/Avg Renewal	7,593	7,805	-2.1%
Base Rate	Platinum Members/Avg Renewal	11,642	11,409	-1.2%
Base Rate	All Members/Avg Renewal	21,566	21,680	-1.6%
Base Rate	Minimum Renewal			-3.2%
Base Rate	Maximum Renewal			1.3%

2020 HIOS Plan ID	2020 HIOS Plan Name	2020 Metal Level	2020 Marketplace Indicator	2021 HIOS Plan ID	2021 HIOS Plan Name	2021 Metal Level	2021 Marketplace Indicator	Current Month Member Count	Projected 2020 EOY Members	1Q2020 Base Rate	1Q2021 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	78079DC0220020	BluePreferred PPO Gold 1000	GOLD	On	1,964	1,951	\$602.07	\$588.51	-2.3%
78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	78079DC0220021	BluePreferred PPO Gold 500	GOLD	On	3,250	3,505	\$616.97	\$603.44	-2.2%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	SILVER	On	651	677	\$524.44	\$511.63	-2.4%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	SILVER	On	653	650	\$511.65	\$506.44	-1.0%
78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	78079DC0220024	BluePreferred PPO Platinum 0	PLATINUM	On	8,199	8,111	\$724.52	\$715.47	-1.2%
78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	78079DC0220025	BluePreferred PPO Platinum 500	PLATINUM	On	3,443	3,298	\$694.16	\$687.48	-1.0%
78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	78079DC0220026	BluePreferred PPO Silver 1500	SILVER	On	472	541	\$497.01	\$493.40	-0.7%
78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	78079DC0220031	BluePreferred PPO Gold 1500	GOLD	On	2,094	2,056	\$591.29	\$578.16	-2.2%
78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	GOLD	On	285	293	\$582.57	\$582.68	0.0%
78079DC0220033	BluePreferred PPO HSA/HRA 2300 80%/60%	SILVER	On	78079DC0220033	BluePreferred PPO HSA/HRA 2400 80%/60%	SILVER	On	100	119	\$487.08	\$492.26	1.1%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	SILVER	On	454	478	\$525.21	\$508.23	-3.2%
78079DC0220035	BluePreferred PPO HSA/HRA Silver 2000 70	SILVER	On	78079DC0220035	BluePreferred PPO HSA/HRA Silver 2100 70	SILVER	On	1	1	\$489.10	\$495.48	1.3%

Appendix - Quarterly Rate Change Adjustment Factors

Quarter	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q21	1.6%	-0.2%	1.4%
3Q21	1.6%	-0.2%	1.4%
4Q21	1.6%	-0.2%	1.4%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

Appendix - Maximum Rate Renewal

	2020	2021	% Change
Base Rate	\$489.10	\$495.48	1.3%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$319.87	\$360.21	12.6%

	BluePreferred PPO HSA/HRA Silver	BluePreferred PPO HSA/HRA Silver
Base Rate/Product(s)	2000 70	2100 70
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

*we did not geo rate

**we did not tobacco rate

Appendix - Form Numbers

Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:

CFAP-132316213

ON-Exchange

BluePreferred PPO

DC/CF/SHOP/GC (R. 1/19)
DC/CF/SHOP/PPO/EOC (R. 1/20)
DC/GHMSI/DOL APPEAL (R. 1/17)
DC/CF/SHOP/PPO/DOCS (R. 1/20)
DC/CF/SHOP/PPO/2021 AMEND (1/21)
DC/CF/BP PPO/1000 90-70 (1/21)
DC/CF/BP PPO BF HSA/SIL 1500 (1/21)
DC/CF/BP PPO CDH/2400 80-60 (1/21)
DC/CF/BP PPO CDH/SIL 1500 (1/21)
DC/CF/BP PPO CDH/SIL 2000 (1/21)
DC/CF/BP PPO CDH/SIL 2100 70 (1/21)
DC/CF/BP PPO/GOLD 500 (1/21)
DC/CF/BP PPO/GOLD 1000 (1/21)
DC/CF/BP PPO/GOLD 1500 (1/21)
DC/CF/BP PPO/PLAT 0 (1/21)
DC/CF/BP PPO/PLAT 500 (1/21)
DC/CF/BP PPO/SIL 1500 (1/21)
DC/CF/BLCRD (R. 6/18)
DC/CF/MEM/BLCRD (R. 6/18)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SG/AUTH AMEND/PPO (1/20)
DC/CF/PT PROTECT (9/10)
DC/GHMSI/HEALTH GUARANTEE 8/19
DC/CF/SG/INCENT (R. 1/20)
DC/CF/SHOP/ELIG (R. 1/20)

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Inpatient Hospital	\$5,544,896	\$0	Admits	184
201702	35,060	Inpatient Hospital	\$2,632,953	\$0	Admits	155
201703	35,518	Inpatient Hospital	\$3,568,401	\$0	Admits	187
201704	35,484	Inpatient Hospital	\$3,803,412	\$0	Admits	192
201705	35,621	Inpatient Hospital	\$3,064,919	\$0	Admits	181
201706	35,341	Inpatient Hospital	\$3,946,092	\$0	Admits	197
201707	35,409	Inpatient Hospital	\$2,729,768	\$0	Admits	176
201708	35,596	Inpatient Hospital	\$3,424,580	\$0	Admits	193
201709	35,575	Inpatient Hospital	\$3,027,684	\$0	Admits	222
201710	35,395	Inpatient Hospital	\$2,497,778	\$0	Admits	179
201711	35,242	Inpatient Hospital	\$2,976,901	\$0	Admits	237
201712	34,727	Inpatient Hospital	\$2,820,630	\$0	Admits	157
201801	34,450	Inpatient Hospital	\$3,737,354	\$0	Admits	223
201802	34,315	Inpatient Hospital	\$3,903,383	\$0	Admits	250
201803	34,168	Inpatient Hospital	\$3,682,031	\$0	Admits	246
201804	33,858	Inpatient Hospital	\$3,527,087	\$0	Admits	311
201805	33,816	Inpatient Hospital	\$2,971,929	\$0	Admits	312
201806	33,246	Inpatient Hospital	\$3,360,384	\$0	Admits	237
201807	32,849	Inpatient Hospital	\$3,463,976	\$0	Admits	296
201808	32,747	Inpatient Hospital	\$3,208,521	\$0	Admits	226
201809	32,524	Inpatient Hospital	\$3,466,910	\$0	Admits	267
201810	32,341	Inpatient Hospital	\$3,889,097	\$0	Admits	385
201811	31,817	Inpatient Hospital	\$3,239,625	\$0	Admits	289
201812	30,539	Inpatient Hospital	\$2,313,491	\$0	Admits	170
201901	31,131	Inpatient Hospital	\$2,893,143	\$0	Admits	187
201902	31,166	Inpatient Hospital	\$3,110,597	\$0	Admits	185
201903	31,069	Inpatient Hospital	\$3,174,656	\$0	Admits	176
201904	30,829	Inpatient Hospital	\$3,219,113	\$0	Admits	158
201905	30,678	Inpatient Hospital	\$3,152,708	\$0	Admits	210
201906	30,397	Inpatient Hospital	\$2,548,899	\$0	Admits	162
201907	30,531	Inpatient Hospital	\$2,981,471	\$0	Admits	220
201908	30,562	Inpatient Hospital	\$2,494,463	\$0	Admits	165
201909	30,565	Inpatient Hospital	\$3,002,939	\$0	Admits	191
201910	30,569	Inpatient Hospital	\$3,801,496	\$0	Admits	223
201911	30,446	Inpatient Hospital	\$3,043,408	\$0	Admits	203
201912	29,956	Inpatient Hospital	\$2,917,289	\$0	Admits	171
202001	29,738	Inpatient Hospital	\$2,664,520	\$0	Admits	180
202002	29,562	Inpatient Hospital	\$1,267,043	\$0	Admits	99

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Outpatient Hospital	\$4,056,772	\$0	Visits	3,814
201702	35,060	Outpatient Hospital	\$4,194,348	\$0	Visits	3,484
201703	35,518	Outpatient Hospital	\$4,539,066	\$0	Visits	3,912
201704	35,484	Outpatient Hospital	\$3,894,325	\$0	Visits	3,414
201705	35,621	Outpatient Hospital	\$4,117,677	\$0	Visits	3,638
201706	35,341	Outpatient Hospital	\$4,019,601	\$0	Visits	3,393
201707	35,409	Outpatient Hospital	\$3,619,654	\$0	Visits	3,157
201708	35,596	Outpatient Hospital	\$3,809,752	\$0	Visits	3,383
201709	35,575	Outpatient Hospital	\$3,392,852	\$0	Visits	3,269
201710	35,395	Outpatient Hospital	\$3,905,112	\$0	Visits	3,675
201711	35,242	Outpatient Hospital	\$3,875,669	\$0	Visits	3,413
201712	34,727	Outpatient Hospital	\$3,806,845	\$0	Visits	3,281
201801	34,450	Outpatient Hospital	\$4,139,674	\$0	Visits	3,602
201802	34,315	Outpatient Hospital	\$3,536,193	\$0	Visits	3,308
201803	34,168	Outpatient Hospital	\$4,439,872	\$0	Visits	3,818
201804	33,858	Outpatient Hospital	\$4,061,229	\$0	Visits	3,809
201805	33,816	Outpatient Hospital	\$4,254,904	\$0	Visits	3,915
201806	33,246	Outpatient Hospital	\$3,940,231	\$0	Visits	3,576
201807	32,849	Outpatient Hospital	\$3,779,653	\$0	Visits	3,468
201808	32,747	Outpatient Hospital	\$4,169,487	\$0	Visits	3,630
201809	32,524	Outpatient Hospital	\$3,846,190	\$0	Visits	3,341
201810	32,341	Outpatient Hospital	\$4,574,779	\$0	Visits	3,909
201811	31,817	Outpatient Hospital	\$4,277,133	\$0	Visits	3,544
201812	30,539	Outpatient Hospital	\$3,627,269	\$0	Visits	3,298
201901	31,131	Outpatient Hospital	\$4,221,123	\$0	Visits	3,626
201902	31,166	Outpatient Hospital	\$3,697,732	\$0	Visits	3,201
201903	31,069	Outpatient Hospital	\$4,473,809	\$0	Visits	3,597
201904	30,829	Outpatient Hospital	\$4,677,840	\$0	Visits	3,540
201905	30,678	Outpatient Hospital	\$4,119,287	\$0	Visits	3,362
201906	30,397	Outpatient Hospital	\$3,708,832	\$0	Visits	2,993
201907	30,531	Outpatient Hospital	\$4,138,665	\$0	Visits	3,294
201908	30,562	Outpatient Hospital	\$4,148,723	\$0	Visits	3,128
201909	30,565	Outpatient Hospital	\$3,711,664	\$0	Visits	3,126
201910	30,569	Outpatient Hospital	\$4,393,490	\$0	Visits	3,495
201911	30,446	Outpatient Hospital	\$4,060,608	\$0	Visits	3,004
201912	29,956	Outpatient Hospital	\$4,264,087	\$0	Visits	2,877
202001	29,738	Outpatient Hospital	\$4,257,297	\$0	Visits	3,252
202002	29,562	Outpatient Hospital	\$4,382,624	\$0	Visits	3,693

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Professional	\$6,280,241	\$0	Visits	41,640
201702	35,060	Professional	\$5,887,395	\$0	Visits	36,617
201703	35,518	Professional	\$6,371,638	\$0	Visits	41,278
201704	35,484	Professional	\$5,909,259	\$0	Visits	36,559
201705	35,621	Professional	\$6,300,713	\$0	Visits	40,816
201706	35,341	Professional	\$6,236,456	\$0	Visits	38,854
201707	35,409	Professional	\$5,616,983	\$0	Visits	35,237
201708	35,596	Professional	\$6,511,179	\$0	Visits	39,148
201709	35,575	Professional	\$5,850,651	\$0	Visits	37,134
201710	35,395	Professional	\$6,157,462	\$0	Visits	40,821
201711	35,242	Professional	\$6,148,792	\$0	Visits	38,102
201712	34,727	Professional	\$5,544,858	\$0	Visits	34,020
201801	34,450	Professional	\$7,259,172	\$0	Visits	45,695
201802	34,315	Professional	\$5,982,440	\$0	Visits	37,286
201803	34,168	Professional	\$6,420,748	\$0	Visits	39,132
201804	33,858	Professional	\$6,303,322	\$0	Visits	37,963
201805	33,816	Professional	\$6,465,152	\$0	Visits	39,803
201806	33,246	Professional	\$5,963,610	\$0	Visits	36,602
201807	32,849	Professional	\$5,772,269	\$0	Visits	35,258
201808	32,747	Professional	\$6,130,375	\$0	Visits	37,443
201809	32,524	Professional	\$5,582,330	\$0	Visits	35,085
201810	32,341	Professional	\$7,005,668	\$0	Visits	43,922
201811	31,817	Professional	\$5,963,896	\$0	Visits	36,710
201812	30,539	Professional	\$5,087,815	\$0	Visits	30,999
201901	31,131	Professional	\$6,915,865	\$0	Visits	43,087
201902	31,166	Professional	\$5,665,882	\$0	Visits	35,224
201903	31,069	Professional	\$6,262,681	\$0	Visits	37,785
201904	30,829	Professional	\$6,320,600	\$0	Visits	38,276
201905	30,678	Professional	\$6,329,716	\$0	Visits	38,351
201906	30,397	Professional	\$5,837,080	\$0	Visits	34,553
201907	30,531	Professional	\$6,007,670	\$0	Visits	35,988
201908	30,562	Professional	\$5,807,119	\$0	Visits	35,254
201909	30,565	Professional	\$5,839,857	\$0	Visits	36,022
201910	30,569	Professional	\$6,773,768	\$0	Visits	42,058
201911	30,446	Professional	\$5,802,470	\$0	Visits	35,012
201912	29,956	Professional	\$5,686,919	\$0	Visits	33,067
202001	29,738	Professional	\$6,528,200	\$0	Visits	38,677
202002	29,562	Professional	\$8,137,848	\$0	Visits	50,007

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Other Medical	\$1,129,478	\$0	Services	3,697
201702	35,060	Other Medical	\$992,962	\$0	Services	3,730
201703	35,518	Other Medical	\$989,171	\$0	Services	4,145
201704	35,484	Other Medical	\$969,384	\$0	Services	3,637
201705	35,621	Other Medical	\$1,150,252	\$0	Services	3,857
201706	35,341	Other Medical	\$1,039,717	\$0	Services	4,078
201707	35,409	Other Medical	\$1,051,908	\$0	Services	3,567
201708	35,596	Other Medical	\$1,108,500	\$0	Services	4,474
201709	35,575	Other Medical	\$896,439	\$0	Services	3,718
201710	35,395	Other Medical	\$1,114,070	\$0	Services	3,972
201711	35,242	Other Medical	\$1,176,855	\$0	Services	3,921
201712	34,727	Other Medical	\$1,121,951	\$0	Services	4,136
201801	34,450	Other Medical	\$1,199,950	\$0	Services	4,408
201802	34,315	Other Medical	\$1,082,261	\$0	Services	4,092
201803	34,168	Other Medical	\$1,308,933	\$0	Services	4,310
201804	33,858	Other Medical	\$1,425,300	\$0	Services	4,093
201805	33,816	Other Medical	\$1,485,227	\$0	Services	4,444
201806	33,246	Other Medical	\$1,214,343	\$0	Services	4,610
201807	32,849	Other Medical	\$1,334,169	\$0	Services	4,339
201808	32,747	Other Medical	\$1,331,013	\$0	Services	4,580
201809	32,524	Other Medical	\$1,274,141	\$0	Services	3,777
201810	32,341	Other Medical	\$1,261,776	\$0	Services	4,239
201811	31,817	Other Medical	\$1,326,423	\$0	Services	3,995
201812	30,539	Other Medical	\$1,050,479	\$0	Services	3,669
201901	31,131	Other Medical	\$1,065,956	\$0	Services	4,112
201902	31,166	Other Medical	\$1,084,327	\$0	Services	3,747
201903	31,069	Other Medical	\$1,127,673	\$0	Services	4,132
201904	30,829	Other Medical	\$1,133,729	\$0	Services	3,995
201905	30,678	Other Medical	\$1,277,903	\$0	Services	4,315
201906	30,397	Other Medical	\$1,157,377	\$0	Services	4,043
201907	30,531	Other Medical	\$1,206,583	\$0	Services	4,042
201908	30,562	Other Medical	\$1,355,906	\$0	Services	4,326
201909	30,565	Other Medical	\$1,260,145	\$0	Services	3,820
201910	30,569	Other Medical	\$1,278,412	\$0	Services	3,391
201911	30,446	Other Medical	\$1,054,224	\$0	Services	2,595
201912	29,956	Other Medical	\$1,147,775	\$0	Services	2,722
202001	29,738	Other Medical	\$1,270,497	\$0	Services	2,924
202002	29,562	Other Medical	\$1,295,293	\$0	Services	3,372

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Prescription Drug	\$5,380,254	\$690,055	Scripts	29,474
201702	35,060	Prescription Drug	\$5,314,432	\$687,831	Scripts	27,628
201703	35,518	Prescription Drug	\$6,021,204	\$797,859	Scripts	30,947
201704	35,484	Prescription Drug	\$5,451,816	\$732,593	Scripts	28,560
201705	35,621	Prescription Drug	\$6,427,873	\$886,156	Scripts	30,941
201706	35,341	Prescription Drug	\$5,989,429	\$861,362	Scripts	29,421
201707	35,409	Prescription Drug	\$5,671,057	\$787,229	Scripts	28,596
201708	35,596	Prescription Drug	\$6,655,233	\$882,979	Scripts	30,015
201709	35,575	Prescription Drug	\$5,838,825	\$789,330	Scripts	28,273
201710	35,395	Prescription Drug	\$6,194,200	\$786,538	Scripts	30,334
201711	35,242	Prescription Drug	\$5,939,158	\$783,058	Scripts	29,729
201712	34,727	Prescription Drug	\$5,870,684	\$777,193	Scripts	30,295
201801	34,450	Prescription Drug	\$6,046,772	\$791,047	Scripts	30,399
201802	34,315	Prescription Drug	\$5,533,642	\$745,015	Scripts	26,697
201803	34,168	Prescription Drug	\$6,062,289	\$798,094	Scripts	28,698
201804	33,858	Prescription Drug	\$6,106,076	\$803,292	Scripts	27,747
201805	33,816	Prescription Drug	\$6,333,897	\$837,604	Scripts	29,400
201806	33,246	Prescription Drug	\$5,953,002	\$791,247	Scripts	26,901
201807	32,849	Prescription Drug	\$5,988,650	\$805,324	Scripts	26,580
201808	32,747	Prescription Drug	\$6,286,921	\$803,141	Scripts	27,261
201809	32,524	Prescription Drug	\$5,569,039	\$702,041	Scripts	24,822
201810	32,341	Prescription Drug	\$6,690,955	\$802,605	Scripts	28,371
201811	31,817	Prescription Drug	\$5,918,424	\$710,773	Scripts	26,436
201812	30,539	Prescription Drug	\$5,789,991	\$671,242	Scripts	25,447
201901	31,131	Prescription Drug	\$5,908,865	\$815,184	Scripts	26,788
201902	31,166	Prescription Drug	\$5,285,911	\$736,895	Scripts	23,794
201903	31,069	Prescription Drug	\$5,592,909	\$810,926	Scripts	26,178
201904	30,829	Prescription Drug	\$6,216,077	\$956,413	Scripts	26,007
201905	30,678	Prescription Drug	\$5,740,972	\$869,627	Scripts	25,716
201906	30,397	Prescription Drug	\$5,996,326	\$887,987	Scripts	24,153
201907	30,531	Prescription Drug	\$6,128,496	\$977,429	Scripts	25,609
201908	30,562	Prescription Drug	\$6,054,378	\$983,856	Scripts	24,584
201909	30,565	Prescription Drug	\$5,809,164	\$910,938	Scripts	24,221
201910	30,569	Prescription Drug	\$6,150,029	\$993,706	Scripts	25,425
201911	30,446	Prescription Drug	\$6,178,947	\$975,274	Scripts	23,862
201912	29,956	Prescription Drug	\$6,024,757	\$994,250	Scripts	25,604
202001	29,738	Prescription Drug	\$5,760,027	\$885,288	Scripts	25,768
202002	29,562	Prescription Drug	\$5,766,908	\$912,988	Scripts	24,257

Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Drug Rebates	Utilization Unit	Utilization
201701	34,634	Capitations	\$43,371	\$0	Benefit Period	34,634
201702	35,060	Capitations	\$44,805	\$0	Benefit Period	35,060
201703	35,518	Capitations	\$46,238	\$0	Benefit Period	35,518
201704	35,484	Capitations	\$46,081	\$0	Benefit Period	35,484
201705	35,621	Capitations	\$46,149	\$0	Benefit Period	35,621
201706	35,341	Capitations	\$45,869	\$0	Benefit Period	35,341
201707	35,409	Capitations	\$45,853	\$0	Benefit Period	35,409
201708	35,596	Capitations	\$45,956	\$0	Benefit Period	35,596
201709	35,575	Capitations	\$45,955	\$0	Benefit Period	35,575
201710	35,395	Capitations	\$45,636	\$0	Benefit Period	35,395
201711	35,242	Capitations	\$45,299	\$0	Benefit Period	35,242
201712	34,727	Capitations	\$44,580	\$0	Benefit Period	34,727
201801	34,450	Capitations	\$37,340	\$0	Benefit Period	34,450
201802	34,315	Capitations	\$37,280	\$0	Benefit Period	34,315
201803	34,168	Capitations	\$37,247	\$0	Benefit Period	34,168
201804	33,858	Capitations	\$36,849	\$0	Benefit Period	33,858
201805	33,816	Capitations	\$36,429	\$0	Benefit Period	33,816
201806	33,246	Capitations	\$35,980	\$0	Benefit Period	33,246
201807	32,849	Capitations	\$35,625	\$0	Benefit Period	32,849
201808	32,747	Capitations	\$35,424	\$0	Benefit Period	32,747
201809	32,524	Capitations	\$35,103	\$0	Benefit Period	32,524
201810	32,341	Capitations	\$34,808	\$0	Benefit Period	32,341
201811	31,817	Capitations	\$34,241	\$0	Benefit Period	31,817
201812	30,539	Capitations	\$33,264	\$0	Benefit Period	30,539
201901	31,131	Capitations	\$40,272	\$0	Benefit Period	31,131
201902	31,166	Capitations	\$40,098	\$0	Benefit Period	31,166
201903	31,069	Capitations	\$40,111	\$0	Benefit Period	31,069
201904	30,829	Capitations	\$39,911	\$0	Benefit Period	30,829
201905	30,678	Capitations	\$39,374	\$0	Benefit Period	30,678
201906	30,397	Capitations	\$38,944	\$0	Benefit Period	30,397
201907	30,531	Capitations	\$38,963	\$0	Benefit Period	30,531
201908	30,562	Capitations	\$38,997	\$0	Benefit Period	30,562
201909	30,565	Capitations	\$38,860	\$0	Benefit Period	30,565
201910	30,569	Capitations	\$38,731	\$0	Benefit Period	30,569
201911	30,446	Capitations	\$38,480	\$0	Benefit Period	30,446
201912	29,956	Capitations	\$37,849	\$0	Benefit Period	29,956
202001	29,738	Capitations	\$38,468	\$0	Benefit Period	29,738
202002	29,562	Capitations	\$38,076	\$0	Benefit Period	29,562

Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Ultimate Incurred	Premium	Loss Ratio
201701	34,634	21,490	\$22,435,011	\$690,055	\$21,744,955	\$18,714,475	\$17,762,483	105.4%
201702	35,060	21,882	\$19,066,894	\$687,831	\$18,379,063	\$15,938,932	\$17,918,021	89.0%
201703	35,518	22,301	\$21,535,719	\$797,859	\$20,737,860	\$18,128,284	\$18,080,433	100.3%
201704	35,484	22,245	\$20,074,279	\$732,593	\$19,341,685	\$17,102,674	\$18,190,353	94.0%
201705	35,621	22,351	\$21,107,583	\$886,156	\$20,221,427	\$17,903,761	\$18,064,664	99.1%
201706	35,341	22,149	\$21,277,164	\$861,362	\$20,415,802	\$18,153,910	\$17,988,169	100.9%
201707	35,409	22,091	\$18,735,222	\$787,229	\$17,947,993	\$15,830,082	\$17,986,512	88.0%
201708	35,596	22,151	\$21,555,200	\$882,979	\$20,672,221	\$18,479,078	\$18,114,119	102.0%
201709	35,575	22,178	\$19,052,406	\$789,330	\$18,263,076	\$16,215,702	\$18,142,393	89.4%
201710	35,395	22,069	\$19,914,258	\$786,538	\$19,127,719	\$16,959,213	\$17,976,404	94.3%
201711	35,242	21,906	\$20,162,674	\$783,058	\$19,379,616	\$17,265,810	\$17,954,831	96.2%
201712	34,727	21,591	\$19,209,548	\$777,193	\$18,432,355	\$16,282,297	\$17,783,059	91.6%
201801	34,450	21,572	\$22,420,262	\$791,047	\$21,629,216	\$18,407,118	\$18,713,930	98.4%
201802	34,315	21,464	\$20,075,198	\$745,015	\$19,330,183	\$16,845,623	\$18,612,206	90.5%
201803	34,168	21,364	\$21,951,119	\$798,094	\$21,153,025	\$18,612,120	\$18,610,521	100.0%
201804	33,858	21,190	\$21,459,862	\$803,292	\$20,656,571	\$18,246,552	\$18,642,174	97.9%
201805	33,816	21,060	\$21,547,538	\$837,604	\$20,709,934	\$18,311,949	\$18,581,349	98.6%
201806	33,246	20,721	\$20,467,551	\$791,247	\$19,676,304	\$17,554,724	\$18,536,232	94.7%
201807	32,849	20,479	\$20,374,341	\$805,324	\$19,569,017	\$17,588,180	\$18,293,910	96.1%
201808	32,747	20,324	\$21,161,741	\$803,141	\$20,358,600	\$18,307,721	\$18,316,372	100.0%
201809	32,524	20,092	\$19,773,714	\$702,041	\$19,071,674	\$17,183,569	\$18,468,703	93.0%
201810	32,341	20,014	\$23,457,083	\$802,605	\$22,654,478	\$20,468,647	\$18,225,029	112.3%
201811	31,817	19,703	\$20,759,741	\$710,773	\$20,048,968	\$18,170,601	\$18,201,870	99.8%
201812	30,539	18,966	\$17,902,311	\$671,242	\$17,231,068	\$15,424,062	\$18,132,248	85.1%
201901	31,131	19,606	\$21,045,223	\$815,184	\$20,230,039	\$17,241,523	\$18,796,448	91.7%
201902	31,166	19,608	\$18,884,547	\$736,895	\$18,147,652	\$15,948,378	\$18,739,161	85.1%
201903	31,069	19,546	\$20,671,839	\$810,926	\$19,860,913	\$17,488,102	\$18,725,551	93.4%
201904	30,829	19,423	\$21,607,269	\$956,413	\$20,650,857	\$18,394,948	\$18,635,041	98.7%
201905	30,678	19,270	\$20,659,958	\$869,627	\$19,790,331	\$17,667,367	\$18,492,313	95.5%
201906	30,397	19,100	\$19,287,457	\$887,987	\$18,399,470	\$16,467,489	\$18,491,004	89.1%
201907	30,531	19,192	\$20,501,847	\$977,429	\$19,524,418	\$17,531,651	\$18,495,195	94.8%
201908	30,562	19,209	\$19,899,586	\$983,856	\$18,915,730	\$17,049,771	\$18,547,943	91.9%
201909	30,565	19,187	\$19,662,628	\$910,938	\$18,751,691	\$16,847,208	\$18,591,927	90.6%
201910	30,569	19,151	\$22,435,927	\$993,706	\$21,442,221	\$19,461,059	\$18,579,216	104.7%
201911	30,446	19,007	\$20,178,138	\$975,274	\$19,202,864	\$17,468,153	\$18,609,657	93.9%
201912	29,956	18,681	\$20,078,676	\$994,250	\$19,084,426	\$17,236,842	\$18,462,666	93.4%
202001	29,738	18,712	\$20,519,009	\$885,288	\$19,633,721	\$16,947,243	\$19,200,879	88.3%
202002	29,562	18,650	\$20,887,793	\$912,988	\$19,974,806	\$16,991,341	\$19,101,218	89.0%

May 1, 2020

Mr. Efren Tanhehco
Supervisory Health Actuary
Department of Insurance, Securities and Banking



Re: Group Hospitalization and Medical Services, Inc. Small Group Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2021 ACA plan rate filing submitted 5/1/2020. Please note the required information below:

- a. **Company Name:** Group Hospitalization and Medical Services, Inc. (GHMSI)
- b. **NAIC Company Code:** 53007
- c. **Unique Company Filing Number:** 2437
- d. **Date Submitted:** 5/1/2020
- e. **Proposed Effective Date:** 1/1/2021
- f. **Type of Product:** PPO – On Exchange
- g. **Individual or Group:** Small Group
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by GHMSI.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-131941267).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of GHMSI ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2021 is -1.6%.
- l. **Contact Information:**
 - a. Name: Gregory Sucher, FSA, MAAA
 - b. Telephone Number: 410-998-5688
 - c. Email: Gregory.Sucher@Carefirst.com
 - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/1/2020.

Sincerely,

Gregory
Sucher

Digitally signed by Gregory
Sucher
Date: 2020.05.01 11:30:55
-04'00'

Gregory Sucher, FSA, MAAA
Actuary

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v5.1																		
2	<p style="text-align: right; font-size: small;">To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.</p>																		
3	Company Legal Name:	GHMSI, Inc.															State:	DC	
4	HIOS Issuer ID:	78079															Market:	Small Group	
5	Effective Date of Rate Change(s):	1/1/2021																	
6																			
7																			
8	Market Level Calculations (Same for all Plans)																		
9																			
10																			
11	Section I: Experience Period Data																		
12	Experience Period:	1/1/2019			to	12/31/2019													
13					Total	PMPM													
14	Allowed Claims				\$234,000,610.85				\$874.41										
15	Reinsurance				\$0.00				\$0.00										
16	Incurred Claims in Experience Period				\$208,802,491.61				\$780.25										
17	Risk Adjustment				\$20,804,243.35				\$77.74										
18	Experience Period Premium				\$223,166,123.67				\$833.92										
19	Experience Period Member Months				267,611														
20																			
21	Section II: Projections																		
22	Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend				Year 2 Trend				Trended EHB Allowed Claims PMPM								
23			Cost	Utilization	Cost	Utilization	Cost	Utilization	Cost	Utilization									
24	Inpatient Hospital	\$98.78	1.050	1.005	1.050	1.005			\$110.00										
25	Outpatient Hospital	\$134.76	1.060	1.005	1.060	1.005			\$152.93										
26	Professional	\$199.04	1.040	1.025	1.040	1.025			\$226.18										
27	Other Medical	\$38.46	1.015	1.025	1.015	1.025			\$41.63										
28	Capitation	\$0.73	1.000	1.000	1.000	1.000			\$0.73										
29	Prescription Drug	\$163.56	1.070	1.005	1.070	1.005			\$189.14										
30	Total	\$635.33							\$720.61										
31																			
32	Morbidity Adjustment				1.000														
33	Demographic Shift				0.995														
34	Plan Design Changes				0.999														
35	Other				1.006														
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2021			\$720.58														
37																			
38	Manual EHB Allowed Claims PMPM				\$720.81														
39	Applied Credibility %				0.00%														
40																			
41	Projected Period Totals																		
42	Projected Index Rate for	1/1/2021			\$720.81	\$189,934,876.62													
43	Reinsurance				\$0.00	\$0.00													
44	Risk Adjustment Payment/Charge				\$74.17	\$19,543,943.34													
45	Exchange User Fees				0.00%	\$0.00													
46	Market Adjusted Index Rate				\$646.64	\$170,390,933.28													
47																			
48	Projected Member Months				263,502														
49																			
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																		
51																			

Product-Plan Data Collection

Company Legal Name: GHMS, Inc.
 HIOS Issuer ID: 78079
 Effective Date of Rate Change(s): 1/1/2021

State: DC
 Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information	BluePreferred PPO															
1.1	Product Name	78079DC02															
1.2	Plan Name	Gold 1000	Gold 500	HSA/HRA Silver	HSA/HRA Silver	Platinum 0	Platinum 500	Silver 1500	Gold 1500	HSA/HRA Silver	Platinum 1000	Platinum 500	Gold 1500	1000 90%/70%	HSA/HRA 2400	Silver 1500	HSA/HRA Silver
1.3	Plan ID (Standard Component ID)	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
1.4	Plan ID (Standard Component ID)	Gold	Gold	Silver	Silver	Platinum	Platinum	Silver	Gold	Silver	Platinum	Platinum	Gold	Gold	Silver	Silver	Silver
1.5	Metal	0.820	0.820	0.718	0.719	0.919	0.907	0.717	0.820	0.712	0.898	0.908	0.819	0.820	0.719	0.719	0.719
1.6	AV Metal Value	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing
1.7	Plan Category	PP0	PP0	PP0	PP0	PP0	PP0	PP0	PP0	PP0	PP0	PP0	PP0	PP0	PP0	PP0	PP0
1.8	Plan Type	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes
1.9	Exchange Plan?	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021	1/1/2021
1.10	Effective Date of Proposed Rates	-2.61%	-2.55%	-2.80%	-1.38%	-1.61%	-1.32%	-1.09%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.58%	-0.34%	0.70%	-3.58%
1.11	Cumulative Rate Change % (over 12 mos prior)																
1.12	Product Rate Increase %																
1.13	Submission Level Rate Increase %																

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information	Total	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
\$234,000.611	2.1 Plan ID (Standard Component ID)	\$153,470,670	\$17,440,451	\$20,092,730	\$3,733,200	\$4,635,743	\$62,427,164	\$21,649,247	\$2,340,042	\$5,293,727	\$1,360,774	\$557,200	\$2,113,224	\$8,263,771	\$955,325	\$284,864	\$2,323,209	\$0
\$0	2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.3 Reinsurance	\$14,957,544	\$1,883,713	\$2,144,926	\$856,582	\$875,594	\$3,849,408	\$1,750,087	\$508,387	\$673,392	\$268,064	\$46,792	\$192,613	\$1,018,036	\$303,685	\$107,368	\$478,896	\$0
\$0	2.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	2.5 Cost Sharing Reduction	\$138,513,125	\$15,556,738	\$17,947,804	\$2,876,617	\$3,760,149	\$58,577,756	\$19,899,160	\$1,813,655	\$4,620,335	\$1,092,710	\$510,407	\$1,920,610	\$7,245,735	\$651,640	\$177,497	\$1,844,313	\$0
\$208,802.492	2.6 Incurred Claims	\$13,597,319	\$1,227,494	\$1,660,498	\$161,816	\$160,759	\$5,975,722	\$2,283,209	\$113,968	\$639,346	\$46,511	\$75,644	\$253,618	\$699,977	\$179,265	\$23,363	\$96,128	\$0
\$23,146,124	2.7 Risk Adjustment Transfer Amount	\$170,315,558	\$16,102,202	\$18,968,773	\$3,948,865	\$4,050,788	\$72,182,523	\$26,436,311	\$2,608,918	\$7,214,480	\$1,155,959	\$84,756	\$2,877,008	\$8,933,547	\$452,508	\$2,092,964	\$2,445,867	\$0
\$67,611	2.8 Premium	26,157	35,384	7,501	7,452	101,434	38,756	1,284	1,284	2,156	1,284	4,305	14,916	3,820	1,083	4,455	0	0
2.9 Exchange Period Member Months	2.10 Current Enrollment	21,566	1,964	3,250	651	477	8,199	3,077	472	317	176	1	365	1,777	285	100	454	1
2.11 Current Premium PMPM	2.11 Current Premium PMPM	\$698.41	\$642.24	\$658.13	\$559.43	\$545.79	\$772.86	\$740.48	\$530.74	\$630.74	\$545.79	\$740.48	\$740.48	\$630.74	\$621.44	\$519.58	\$560.25	\$521.73
2.12 Loss Ratio	2.12 Loss Ratio	75.31%	89.77%	87.00%	69.98%	89.28%	74.95%	69.29%	67.27%	58.83%	90.87%	55.45%	61.35%	75.21%	28.68%	37.30%	72.55%	#DIV/0!
	Per Member Per Month																	
2.13 Allowed Claims	2.13 Allowed Claims	\$573.48	\$666.76	\$567.85	\$497.69	\$622.08	\$615.45	\$558.60	\$442.94	\$388.56	\$631.16	\$433.96	\$490.88	\$554.02	\$250.09	\$263.03	\$521.37	#DIV/0!
2.14 Reinsurance	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	2.15 Member Cost Sharing	\$55.89	\$72.02	\$60.62	\$114.20	\$117.50	\$37.95	\$45.16	\$96.23	\$49.43	\$124.33	\$36.44	\$44.74	\$68.25	\$79.50	\$99.14	\$107.47	#DIV/0!
2.16 Cost Sharing Reduction	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
2.17 Incurred Claims	2.17 Incurred Claims	\$517.59	\$594.74	\$507.23	\$383.50	\$504.58	\$577.50	\$313.45	\$146.71	\$339.13	\$506.82	\$397.51	\$446.13	\$485.77	\$170.59	\$163.89	\$411.89	#DIV/0!
2.18 Risk Adjustment Transfer Amount	2.18 Risk Adjustment Transfer Amount	\$50.81	\$46.93	\$46.93	\$21.57	\$21.57	\$58.91	\$21.57	\$58.91	\$21.57	\$58.91	\$21.57	\$58.91	\$46.93	\$21.57	\$21.57	\$21.57	#DIV/0!
2.19 Premium	2.19 Premium	\$636.43	\$615.60	\$536.08	\$526.46	\$543.58	\$711.62	\$682.12	\$493.81	\$529.54	\$536.16	\$657.91	\$668.29	\$598.92	\$547.90	\$417.81	\$548.89	#DIV/0!

Section III: Plan Adjustment Factors	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
3.1 Plan ID (Standard Component ID)																
3.2 Market Adjusted Index Rate																
3.3 AV and Cost Sharing Design of Plan	0.8069	0.8274	0.7015	0.6944	0.9810	0.9426	0.6765	1.0000	1.0000	1.0000	1.0000	0.7927	0.7989	0.6749	0.6968	0.6793
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0003	1.0003	1.0003	1.0003	1.0003	1.0003	1.0003	1.0000	1.0000	1.0000	1.0000	1.0003	1.0003	1.0003	1.0003	1.0003
Administrative Costs																
3.6 Administrative Expense	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%	10.79%
3.7 Taxes and Fees	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%	3.66%
3.8 Profit & Risk Load	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%	3.40%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$635.34	\$651.48	\$552.35	\$546.76	\$772.42	\$742.19	\$532.66	\$787.15	\$787.15	\$787.15	\$787.15	\$624.16	\$629.04	\$531.40	\$548.65	\$534.87
3.11 Age Calibration Factor	0.9264															
3.12 Geographic Calibration Factor	1.0000															
3.13 Tobacco Calibration Factor	1.0000															
3.14 Calibrated Plan Adjusted Index Rate	\$588.58	\$603.53	\$511.70	\$506.52	\$715.57	\$687.56	\$493.46	\$729.21	\$729.21	\$729.21	\$729.21	\$578.22	\$582.74	\$492.29	\$508.27	\$495.50

Section IV: Projected Plan Level Information	Total	78079DC0220020	78079DC0220021	78079DC0220022	78079DC0220023	78079DC0220024	78079DC0220025	78079DC0220026	78079DC0220027	78079DC0220028	78079DC0220029	78079DC0220030	78079DC0220031	78079DC0220032	78079DC0220033	78079DC0220034	78079DC0220035
4.1 Plan ID (Standard Component ID)																	
4.2 Allowed Claims	\$191,831,813	\$15,991,073	\$31,935,463	\$5,840,310	\$5,347,304	\$73,898,222	\$28,961,792	\$5,152,707	\$0	\$0	\$0	\$0	\$16,868,452	\$2,491,448	\$1,161,323	\$4,175,612	\$8,107
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$24,740,278	\$2,851,208	\$5,029,835	\$1,467,670	\$1,384,417	\$4,596,469	\$2,864,321	\$1,432,452	\$0	\$0	\$0	\$0	\$3,252,238	\$464,406	\$324,822	\$1,070,209	\$2,229
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$167,091,535	\$13,139,864	\$26,905,628	\$4,372,640	\$3,962,887	\$69,301,752	\$26,097,471	\$3,720,254	\$0	\$0	\$0	\$0	\$13,616,214	\$2,027,042	\$836,501	\$3,105,403	\$5,878
4.7 Risk Adjustment Transfer Amount	\$17,570,143	\$1,599,075	\$3,193,194	\$360,737	\$330,276	\$6,826,958	\$2,675,611	\$318,258	\$0	\$0	\$0	\$0	\$1,686,729	\$249,154	\$71,730	\$257,920	\$501
4.8 Premium	\$182,468,811	\$14,340,114	\$29,381,727	\$4,775,050	\$4,327,588	\$75,079,527	\$28,499,197	\$4,062,626	\$0	\$0	\$0	\$0	\$14,869,302	\$2,213,589	\$913,483	\$3,391,190	\$6,418
4.9 Projected Member Months	263,502	22,585	45,100	8,646	7,915	97,977	38,399	7,627	0	0	0	0	23,823	3,519	1,719	6,181	12
4.10 Loss Ratio	83.53%	82.39%	82.60%	85.14%	85.08%	84.00%	83.71%	84.92%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	82.24%	82.31%	84.91%	85.10%	84.95%
	Per Member																

Rating Area Data Collection

*Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.*

Rating Area	Rating Factor
Rating Area 1	1.0000

DC GHMSI

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	Group Hospitalization & Medical Services Inc.
SERFF tracking number	CFAP-132316213
Submission Date	5/1/2020
Product Name	BluePreferred

Market Type: Individual Small Group
Rate Filing Type: Rate Increase New Filing

Scope and Range of the Increase:

The (1.6) % increase is requested because:

The main drivers of the 2021 rate increase are a) deterioration in the base period experience of the combined pool, b) the removal of the Health Insurer Fee, c) increase in the contribution to reserve and d) an increase in the risk adjustment receivable.

This filing will impact:

of policyholder's 12,582 # of covered lives 21,680

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved (1.6) %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved (3.2) %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 12.6 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Product selection, changes in age factors, and changes in family composition.

Financial Experience of Product

The overall financial experience of the product includes:

In 2019, a total of \$170.3 million in premium was collected and \$138.5 million in claims were paid out. We received \$13.6 million in risk adjustment, for a loss ratio of 73.3%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$223.2 million in premium and paid out \$208.8 million in claims and received \$20.8 million in risk adjustment for a loss ratio of 84.2%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool to a projected 82.5%.

Components of Increase

The request is made up of the following components:

Trend Increases –	6.5	% of the	(1.6)	% total filed increase
1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.				
This component is	1.2	% of the	(1.6)	% total filed increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.				
This component is	5.2	% of the	(1.6)	% total filed increase.

Other Increases –	(7.6)	% of the	(1.6)	% total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.				
This component is	0.0	% of the	(1.6)	% total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.				
This component is	-0.5	% of the	(1.6)	% total filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.				
This component is	-1.9	% of the	(1.6)	% total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.				
This component is	4.0	% of the	(1.6)	% total filed increase.
5. Other – Defined as:				
Removal of the Health Insurer Tax in 2021.				
This component is	(8.9)	% of the	(1.6)	% total filed increase.